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Chemist&Druggist
The Newsweekly for Pharmacy

C&D

24 September 2005

Employees need to be on PCTs' 'fitness' registers

NE London LPC found in breach of constitution

Pharmacist leads battle against 55pc rent rises

Taking steps to make medicines for kids safer

One trusted maker, two trusted medicines

For children's pain and fever, healthcare professionals usually recommend paracetamol-based medicines such as Calpol first. In fact, Calpol is the number one recommendation for many.[1,2] Calpol is effective and can be used for babies from 2 months.

When recommending a second option, you know parents want a medicine they can trust.[3] Calprofen is an ibuprofen for children over 6 months. For parents it's a reassuring alternative because it's from the makers of Calpol, children's medicine specialist for 39 years.[3] Just like Calpol, Calprofen has a great strawberry taste to make dosing easier. Calpol and Calprofen – recommend with confidence.

Children's medicine specialist

Calpol Infant Suspensions Product Information: Presentation: Suspension containing 120mg Paracetamol per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Dosage:** *Children 1 to under 6 years:* 5 – 10ml; Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. *Children 3 months to under 1 year.* 2.5 – 5ml, Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. *Infants 2-3 months.* Post - vaccination fever at 2 months: 2.5ml and a second dose, if necessary, after 4-6 hours Treatment of mild to moderate pain and as an antipyretic (Infants over 4kg, not born before 37 weeks) 2.5ml and a second dose, if necessary, 4-6 hours later. **Contraindications:** Hypersensitivity to paracetamol. **Precautions:** Caution in severe hepatic or renal dysfunction. Interactions with Domperidone, metoclopramide, colestyramine, anticoagulants, barbiturates, tricyclic antidepressants, alcohol, anticonvulsants and oral steroid contraceptives. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Rarely skin rash, other allergic reactions and blood dyscrasias. Hepatic necrosis and papillary necrosis have been reported following prolonged use. **RRP (ex-VAT):** 70ml bottle £1.66, 140ml bottle £2.97. 12 x 5ml sachets £2.34. **Legal category:** Bottle: P. Sachets: GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** Calpol Infant Suspension: 15513/0004. **Date of preparation:** November 2004.

Colprofen Product Information: Presentation: Suspension containing 100mg Ibuprofen per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Dosage:** *Infants 6-12 months:* 2.5ml three times a day; *Children 1-2 years:* 2.5ml three to four times a day; *Children 3-7 years.* 5ml three to four times a day; *Children 8-12 years:* 10ml three to four times a day. Not recommended for children weighing less than 7kg. **Contraindications:** Hypersensitivity. History of peptic ulceration. Individuals in whom Ibuprofen, aspirin or other non-steroidal anti-inflammatory drugs induce asthma, rhinitis or urticaria. **Precautions:** Hepatic or renal dysfunction, heart failure. Individuals with coagulation defects or receiving anticoagulant therapy. Caution in bronchial asthma or allergic disease. Care should be taken with antihypertensives including diuretics, cardiac glycosides, lithium, methotrexate, cyclosporine, mifepristone, other analgesics, corticosteroids, anticoagulants, quinolone antibiotics. **Pregnancy and lactation:** Not recommended. **Side effects:** GI disturbances, occasionally gastric ulceration and bleeding, hypersensitivity reactions and oedema. Other reactions that haven't necessarily been related to ibuprofen include renal and liver problems, neurological and sensory disturbance, haematological disorders and photosensitivity. **RRP (ex-VAT):** £2.97. **Legal category:** P. **PL holder:** Pinewood Laboratories Limited, Ballymocarby, Clonmel, Co. Tipperary, Ireland. **PL number:** 04917/0044. **Date of revision:** April 2005.

References: 1. Counterpoint. Analgesics – Child Q3 2004. TNS. 2. Bounty Healthcare Network OFU Feedback 2005. 3. Calprofen Qualitative Advertising Research, December 2003. Felicity Randolf and Associates.

Pfizer Consumer Healthcare

www.calpol.co.uk

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POLICY

'Fitness' check extended to all

by Asha Fowells

All pharmacists providing community pharmacy services will be required to register their fitness to practise with primary care trusts, under new Government proposals.

Earlier this year, the Department of Health brought in legislation requiring the details of individual practice owners, partnerships and corporate bodies to be held on PCTs' pharmaceutical lists (*C&D, March 19, p4*). The latest DoH consultation proposes introducing a supplementary list for all registered pharmacists, bringing the profession in line with doctors, dentists and opticians.

In the consultation paper, the DoH describes pharmacists as currently "operating outside of the NHS legal framework". Implementing the proposals would not only give legal powers to PCTs to take action against pharmacists in cases that do not fall under the remit of the Royal Pharmaceutical Society, but will also reassure the public that the NHS is properly regulated, explains the DoH.

But pharmacy law expert Noel Wardle, a solicitor with legal firm Charles Russell, said he was concerned that PCTs would be doing the job of the Royal Pharmaceutical Society, "but with a less uniform approach". He added: "It seems strange for the NHS to get involved with the new Section 60 Order coming in early next year... I wonder whether the DoH doesn't trust the Society." Mr Wardle also expressed concern that the DoH had underestimated the costs of implementing the changes.

Locums will only need to be on the supplementary pharmaceutical list of the PCT they usually work in, and will benefit from reciprocal agreements between PCTs. But there is the potential for delays under such a system, said Steve Lutener, Pharmaceutical Services Negotiating Committee regulation head. "Pharmacists who are registered and have proven fitness to practice shouldn't have to face unnecessary bureaucratic hurdles in order to work across PCT boundaries."

Pharmacy graduates wishing to start practising immediately after passing the Society's registration examination may also find their plans hindered, added Mr Lutener. As most new pharmacists qualify in the summer when PCTs, like any employer, would be short-staffed due to annual leave, would PCTs be properly resourced to perform a high number of new checks quickly, he asked.

Comments on the proposal should be forwarded to Gillian Farnfield, Business Pharmacy Community Pharmacy, 4th Floor, Skipton House, 80 London Road, London SE1 6LH by December 9.

CONTRACT

PSNC opposes contracts to OTC meds link

The Government's proposal to link the award of pharmacy contracts with lower OTC medicine prices will be unenforceable by primary care trusts, the negotiating body for contractors has said.

PCTs will be unable to measure the benefits any price reductions or offers to increase the range would bring, the Pharmaceutical Services Negotiating Committee has said in its formal response to the Government's consultation on the proposals to reform and modernise pharmaceutical services legislation in England (*C&D, September 17, p5*).

Stephen Lutener, head of regulation at PSNC said: "As the PCT would be powerless to take action in relation to the increased pricing... the only result from monitoring would be the recognition, too late, that the PCT had made a mistake in granting the application."

Further explaining its opposition to the introduction of any new criteria relating to the availability of OTC medicines in the control of entry test, PSNC pointed out that since the abolition of resale price maintenance consumers have already benefited from the effects of increased price competition. **AC**

CONTRACT

NEL LPC 'breached' constitution

North East London Local Pharmaceutical Committee has been found guilty of eight breaches of its constitution by a health authority investigation.

The local strategic health authority launched the inquiry after it received a letter from 87 contractors in January, accusing the LPC of a range of governance violations. These included failing to respond to requests to inspect its accounts, failing to pay PSNC levies and failing to hold AGMs..

But LPC chairman Gary Boorman said the report was "flawed" and claimed it ignored the "vast majority" of the LPC's comments.

Although he accepted that the LPC had been "somewhat tardy in its approach to the publication of accounts", he said audited LPC accounts for 2002–2005 had been circulated to contractors and presented at an AGM in June. He said the LPC was also reviewing its governance procedures.

Regarding the unpaid PSNC levies, Mr Boorman said these were held in a "special account" and that the LPC had offered to pay £30,000 immediately, with the balance on resolution of its dispute with PSNC. The LPC has withheld levies since 2002 after it felt PSNC failed to act sufficiently on three resolutions passed at LPC conferences.

The SHA report also said the LPC's combined role of secretary and treasurer brought a possible conflict of interest. It added that there "was a perception that decision making in the LPC rests purely with officers" and there was concern that decisions made at local forums were "overturned by the LPC without appropriate support/ justification".

The report added that three of the seven PCTs within the LPC area did not regard the LPC as representative of pharmacy contractors and that a further two PCTs were reconsidering their position in light of the report. But the LPC said it had assurances from the PCTs that they did regard the LPC as representative.

Some 21 recommendations are listed in the report, including:

- The SHA should conciliate with the LPC and PSNC to resolve their dispute and should update the NHS Counter Fraud Service on the review.
- The PCTs should decide if they recognise the LPC as being representative of contractors.
- The LPC should appoint a responsible financial officer with clear separation of duties and should address the constitution breaches; and
- Local contractors should decide if future PSNC levies are to be paid to PSNC directly and should decide if they consider the LPC to fully represent them.

The report can be found at *www.nelondon.nhs.uk /documents/pharmaceuticalCommitteeReview0805.pdf* **GP**

Picture: Inverclyde Now

Pharmacy to access POMs despite vet opposition

Pharmacists are able to understand the market and should be able to freely compete in dispensing veterinary products, the Government has reiterated in light of fierce opposition from vets.

The Government's response follows a consultation on the draft supply of *Prescription Only Medicines (Veterinary Use) Order 2005*, launced in February, and makes clear the Government's intention to forge ahead with breaking down monopolies within the veterinary medicines market. The consultation to the draft order attracted 105 responses, mostly from vets, and detailed the Government's intention to require:

- veterinary surgeons to provide certain information to their clients (including price information) when supplying POMs and by displaying a notice in their surgeries
- veterinary surgeons not to charge for writing prescriptions for a period of three years
- manufacturers of POMs to provide veterinary surgeons and pharmacists with information about the prices of POMs
- veterinary manufacturers and wholesalers to supply POMs to pharmacies and veterinary surgeons on the same terms for the same volumes supplied over the same time period.

Casting aside vets' over-riding opinion that high profits on veterinary prices and the resulting cross-subsidy of professional fees is essential to the functioning of the market, the Government is to implement the proposed changes to the order on October 31, in tandem with the amended *Veterinary Medicines Regulations*. Commenting specifically on the proposals relating to pharmacy, the Government said that it does not support vets' stated concern that pharmacists may not choose to compete in the market. "We feel there are opportunities that pharmacies will wish to take advantage of." In response to concerns about pharmacists' ability to dispense veterinary prescriptions, the Government notes the availability of NPV training and advice.

Commenting, Andrew Cairns, chairman of the RPSGB's Veterinary Pharmacists' Group, said: "The VPG welcomes the imposition of a level playing field in the purchasing of medicines. Veterinary wholesalers are already opening accounts and dealing freely with pharmacists with whom, prior to DTI intervention, they would not trade." **AC**

For more information:

http://www.dti.gov.uk/ccp/topics2/pdf2/pomresponse.pdf

Inbrief

Asthma MURs

Lloydspharmacy is offering asthma medicine use reviews at 200 of its 1,400 pharmacies.

Initially taking place in branches in the Midlands and North of England owing to the number of incidences of asthma in the region, each MUR will take about 20 minutes, conducted in a private consultation area. There will be a minimum of six asthma MURs conducted by the pharmacies each week.

Anyone prescribed asthma medication will qualify for the service, which Lloydspharmacy has developed with Asthma UK and GlaxoSmithKline.

The company continues to review the rollout of its professional services and is currently reviewing plans for early 2006 to expand its asthma and other MURs.

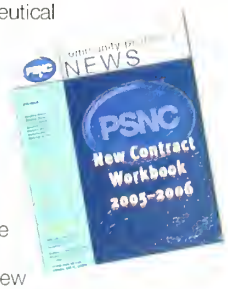
Fluconazole switch?

Pharmaceutical company Relonchem Ltd has applied for a Pharmacy (P) to General Sales List (GSL) switch for its vaginal thrush treatment fluconazole.

Making fluconazole 150mg capsules available in non-pharmacy outlets would make it easier for patients to obtain the medicine and would reduce any possible delay in initiating treatment, the company says in its switch application.

Comments regarding the proposed switch should be sent to Amanda Lawrence at the MHRA, room 14-110, Market Towers, 1 Nine Elms Lane, London, SW8 5NQ or by e-mail to *Amanda.Lawrence@mhra.gsi.gov.uk* by November 1.

Contract workbook



The Pharmaceutical Services Negotiating Committee has produced a workbook to help proprietors prepare for the monitoring stage of the new pharmacy contract framework.

Available at *www.psnc.org.uk*, the document outlines essential service requirements and specifications, and gives guidance on preparing standard operating procedures and complying with the *Disability Discrimination Act*. The book also includes information on waste, health and safety, and confidentiality regulations.

Pharmacist gets political to beat council rent rise

by Max Gosney

A Streatham pharmacist is standing for local election in a bid to save his pharmacy from crippling rent rises.

Nazim Ali, who runs the Streatham Pharmacy in South-West London, plans to run for Lambeth Council after authorities increased his rent by 55 per cent.

The price hikes are part of council plans to force local retailers out of business and sell their premises for profit, according to Mr Ali. He said: "The council planned to sell the parade of shops where my pharmacy is based to the highest bidder.

"My rent has just risen from £11,000 to £17,000 and it's putting us close to breaking point. It's bully boy tactics by the council."

However, Lambeth Council defended its rent increases. A spokesperson said: "The shop premises haven't had a rent review for the past three years so we're trying to bring them up to the market rate. The decision to sell the units was overturned and as far as I'm aware it's no longer on the agenda."

Nazim Ali: fearful for the future of Streatham shops

Lambeth Council abandoned its original plans to sell the retail units this summer after shopkeepers secured the backing of local residents, claims Mr Ali.

The pharmacist and fellow shop operators from 49-109 Streatham Hill will meet with local authorities later this month to voice their fears.

Mr Ali, who has run the Streatham pharmacy for five years, also plans to run as an independent candidate in the May 2006 local elections to secure the long-term future of the stores.

He said: "I'm going to stand for council as I am fearful for our future. We want the chance to buy each premises individually but have been told that the council will only accept a group bid."

INDUSTRY

Phoenix closes in on Numark purchase

Phoenix needs the support of an extra 13.5 per cent of Numark shareholders to seal its £30.3 million takeover of the group.

Phoenix has gained a 76.5 per cent stake in Numark, according to acceptances registered by September 16, but is still short of the 90 per cent shareholder acceptance level, which was a condition of its bid.

With days left until the September 22 deadline for the return of offer acceptance documents, Numark chairman Lord Fowler urged wavering shareholders to back the merger.

In a letter to Numark shareholders he warned that failure to endorse the Phoenix bid would leave stakeholders as "a minority shareholder in a private company".

David Cole, chief executive officer at Phoenix, expressed confidence that the wholesaler would initiate an unconditional takeover at Numark this week following Office of Fair Trading approval (*C&D, September 17, p5*). **MG**

ENGLAND

PCT overspend should not affect pharmacy, predicts NPA

The £266 million overspend by England's primary care trusts in 2004-05 will not necessarily lead to the PCTs being unable to commission pharmacy services, the NPA has said.

Highlighting Hillingdon PCT, which has a £13.5m deficit, Neal Patel, NPA NHS liaison officer, said: "Their backs are against the wall, but they have done a tremendous amount for pharmacy by putting the monitoring of diabetes out to primary care and redesigning services so that they are less costly to the NHS."

According to DoH figures, of the 287 PCTs in England, 88 (30.6 per cent) overspent by a total of £266.5m last year. Turnover reached £54.8bn.

Kensington & Chelsea PCT had the largest deficit at nearly £18m (6.7 per cent of turnover), followed by Bedfordshire Heartlands PCT (£14.5m; 6.5 per cent), Hillingdon PCT (£13.5m; 5 per cent) and Suffolk West PCT (£12.5m; 5.6 per cent)

NHS chief executive Sir Nigel Crisp said the overspend was a tiny proportion – 0.4 per cent – of the total NHS budget of £69.7 billion.

Sir Nigel Crisp: taking the situation very seriously

But the situation was being taken "very seriously" and the chief executives of all the organisations in deficit had been asked to take "urgent action" to make an "immediate and sustainable improvement in financial performance" he said.

There are no plans to bail out PCTs with deficits. "They will have to address the problem themselves," said a DoH spokesman. **JE**

Inbrief

Added Vantage

AAH has taken its Vantage Health Watch medicines management and diagnostic services to 13 with the addition of chronic obstructive pulmonary disease and depression services. The COPD and depression services cost £80 each and provide pharmacists with the training and support to carry out MURs.

Fire regulations

From April 2006, there are new requirements for fire alarms and a requirement for a 'responsible person' to undertake and record a regular fire risk assessment. A free online business fire risk assessment, sponsored by BT, is at *www.fpa-fireriskassessment.com/introduction.htm*

High standard

One of the few independent pharmacies to achieve Investors in People status has retained it for a further three years. Pharmacist Anthony Chong of the People's Pharmacy in Essex said the continued status would encourage training and development and increase staff motivation.

Colorama show

Wholesaler Colorama is staging its first customer trade show in London on October 2. Pharmacists will be able to try instant digital printing kiosks free of charge and see a wide range of Christmas gift lines. The event is open to all independent pharmacists across the UK. Call 020 8728 7728 to book.

Driver at Infopharm

Healthcare IT supplier, Cegedim has appointed Simon Driver as managing director of its Infopharm business. Mr Driver, who heads the company's pharmacy IT arm, Cegedim Rx, will also be responsible for the division, which provides pharmaceutical analysis and information services.

Questiontime

This week's question:
Will PCT overspends affect pharmacy services in your area?

- No/unlikely
- Possible
- Yes, very likely

You have until noon on September 27 to vote at *www.dotpharmacy.com*. We will publish the results in *C&D* on October 1.

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Scottish pharmacy terrorised by petrol bomb

by Anna Hodgekiss

Staff at a Scottish pharmacy petrol-bombed by vandals are still being terrorised by the gang who destroyed their premises.

Still's Pharmacy in Greenock, Strathclyde, was forced to close for seven months after the attack last February (*see also p5*).

The new store, which re-opened this month, has already fallen victim to attempted arson attacks and glued locks.

Owner and pharmacist Lyndsay Cowell said the vendetta began after a fight outside the shop last October.

"We were witnesses to an attack where young boys were fighting armed with samurai swords," she said.

"The police provided us with cameras for four months, but the day after they were removed we were petrol bombed. It's obvious the culprits were watching."

Having now paid for a full-time security guard, CCTV and access control locks, Mrs Cowell said she feels less nervous at work.

"However, we're getting the impression some customers are too frightened to come back, so we're offering a full delivery service."

And despite even the security guard being threatened, she is determined the vandals will not win. "This is a 50-year family business and we are going to carry on. The police have been extremely helpful, so hopefully things will improve.

"We're located on a housing estate and the people here need a pharmacy service. You can't just walk away from that."

Society to monitor pre-reg place availability

The Royal Pharmaceutical Society has pledged to keep an eye on the availability of pre-registration placements and will seek to influence those who provide and fund pre-reg places.

The promise came in response to its West Metropolitan branch, which flagged up the lack of pre-registration placements in its motion for this year's Branch Representatives Meeting.

Noting the three recent new schools of pharmacy, it warned that unless there is an increase in the number of pre-reg places, demand will outstrip supply.

Gavin Miller: there are indirect mechanisms the RPSGB could use

In its response, the RPSGB notes that the training grant in England has increased from £4,910 to £16,444. Council additionally reports that in 2004, the number of pharmacies approved for pre-registration training had increased 14 per cent on the previous year to 2,840. However, as the RPSGB Council has previously pointed out, the RPSGB has no direct responsibility for the provision of pre-registration places.

Disappointed by the RPSGB's response, West Metropolitan branch representatives believe there are indirect mechanisms the RPSGB could use to alleviate any placement shortfall. These include: creating local pre-registration tutor support groups, allowing shared pre-reg placements or taking control of the pre-registration training provision, said branch secretary Gavin Miller.

The news comes as the University of Huddersfield announced the launch of an MPharm course in 2007. The university's school of applied sciences is offering 60 places, with a minimum requirement of three A-levels, including an A-level in chemistry (grade C or above) and one other relevant science. **AC**

Public unwilling to pay for health checks

The public is unwilling to pay for health checks at community pharmacies as long as they can get them free on the NHS, a Northern Ireland pharmacist has warned.

John Swail of Swail's Pharmacy in Moy, Co. Tyrone, said he had hoped to carry out at least 30 paid-for health checks on local patients using GSK's +Plus health check support services during last week's blood pressure awareness week, however in the event he only carried out two.

"I'm disappointed, but we didn't receive any coverage in the local papers and our in-store advertising could have been better. It confirms my suspicion that patients know that if they're prepared to wait, they'll get the test free on the NHS," explained Mr Swail.

The pharmacy carried out 50 free blood pressure tests during the week.

"Although I'm disappointed with the Know Your Numbers response, I wanted to try to get it into the mindset of our patients that pharmacies offer health checks. I wanted them to start thinking about the accessibility and convenience of coming to the pharmacy and get out of the habit of thinking that the NHS will look after them.

"We will continue to offer health checks as one of our enhanced services under the new pharmacy contract." **JE**

In brief

Co-op shift

The Co-op has launched a £500,000 re-branding trial at three pharmacies.

The pilot scheme aims to unite different co-operatives under a single brand, according to the Co-operative Group.

Two Co-operative Group pharmacies in Northampton and a West Midlands Co-op have been re-fitted to reflect latest design themes and feature "The co-operative pharmacy" branding, according to the organisation.

A Co-operative Group spokesperson said: "It's about bringing a common identity to a range of co-operative organisations and increasing the opportunity for cross trading between the businesses."

Five co-operative groups are involved in the trials at 40 stores including food, travel, funeral and banking services. The project will be reviewed in early 2006, according to the Co-operative Group.

Morrisons revamp

Supermarket operator Morrisons will launch a revamped pharmacy offer this autumn. The company's 94 pharmacies, which are currently trading under the Safeway's logo, will be updated with Morrisons branding from October 1 after successful registration with the Royal Pharmaceutical Society .

Lib-Dems back pharmacy roles

Pharmacists have elicited some pro-pharmacy comments from Liberal Democrats at the party's Blackpool Conference.

At one of the 'health hotel' meetings, Steve Weber MP, the Lib-Dem health spokesman said: "Community pharmacy has an important role to play in sexual health and in giving advice to teenagers." His colleague Julie Goldsworthy added support for pharmacy's role in primary healthcare, while Baroness Barker said pharmacy had a role to play, particularly in communicating to ethnic communities.

Why resort to crushing tablets when there are better solutions?

Many people have trouble taking tablets and this can carry serious consequences. Patients and carers alike open capsules, crush tablets or mix medicine into food and drink to aid administration which can render medicine ineffective.

The answer is to offer a liquid alternative to their tablets. Rosemont focus on liquid medicine and offer a wide choice of alternative solutions across a broad range of therapeutic areas.

Rosemont

The source of liquid solutions.

Reference: 1. Greener M, Ferguson R. *Pharm Mag* 2005; **11**: 44.

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Support for different tests for complementary remedies

by Adrienne de Mont

Protagonists of complementary medicines persuaded medical journalists last week that these products should not be assessed in the same way as conventional medicines.

The Medical Journalists' Association held a mock judicial inquiry on the question: "Should complementary medicines be subjected to the same methods of proof of safety and efficacy as conventional drugs?"

Opening the case for the prosecution, Professor Peter Littlejohns, clinical and public health director of NICE, said patients and practitioners deserved to know that the treatments used were safe and effective. Taxpayers also expected NHS interventions to be cost effective – every £1 wasted on an ineffective medicine was £1 that could be spent elsewhere.

Evidence for complementary medicines should also be subject to the same rigour, although it need not necessarily be randomised controlled trials (RCTs).

He called on Dr Thomas Stuttaford, *The Times*' medical columnist, as his first witness. All patients and doctors want from an intervention was a good outcome, said Dr Stuttaford, and patients got better more quickly if they were diagnosed and treated quickly. About 96 per cent of people who saw a GP would get better whatever one did.

Rowan Abdalla, QCI Healthcare; Professor [illegible], executive of the Medical Research Council; Dr Peter Fisher, specialist registrar at Maudsley personal [illegible] in complementary medicine

He admitted that orthodox practitioners may misdiagnose serious conditions, but it was a question of frequency compared with complementary therapists.

Opposing, Dr Elaine Weatherley-Jones, researcher at Sheffield University, said complementary medicines should be subject to the same standards as conventional medicines but could not be tested by the same methods because so many other factors came into play. Surgery, psychotherapy and physiotherapy were complex interventions that could not be tested by RCTs.

Dr Peter Fisher, who practises conventional rheumatology as well as homoeopathy at the Royal London Homoeopathic Hospital, argued that the RCT was fundamentally flawed and there was a need for new methods for testing complementary remedies.

"We know that psychological effects can have physiological effects," he said.

EDUCATION

Kingston to run technician degree

Kingston University has launched a day-release foundation degree for pharmacy technicians.

The FdSc in Pharmacy Services, which is taking a minimum of 10 students from next year, is designed to reflect the changing role of qualified pharmacy technicians.

Targeting employed technicians holding a S/NVQ Level 3 in Pharmacy Services, the two year, full-time, work-based course aims to offer specialist technical knowledge, management and information technology skills.

The first-year modules will cover foundation sciences for pharmacy professionals, plus pharmacy law, ethics and practice and other specialist topics such as health education. In the second year, modules on resources management will be complemented by specialisms in medicines management, evidence and information retrieval.

Commenting, Dr Jennifer Hider, senior lecturer at the university, said: "The traditional image of assistants is about to undergo a radical overhaul, thanks to new healthcare reforms. The degree enables [technicians] to move into roles where they'll be running dispensaries and training other staff." **AC**

For more information:
J.Hider@kingston.ac.uk

PRACTICE

Lloydspharmacy targets schools with Lyclear mailout

Lloydspharmacy has undertaken what is believed to be its first national direct mailing initiative on an OTC medicine.

The £3 million+ initiative links Lloydspharmacy with the Lyclear headlice treatment brand and involves a direct mailing campaign to 26,000 UK schools and 13,000 parent teacher associations using mailing lists from *Headteacher Update* magazine.

The initiative, which runs until January 31, 2006, sees parents of participating schoolchildren receive a mailout from Lloydspharmacy superintendent Andy Murdoch.

The letter explains that the problem of headlice "has become prolific in recent years" and invites parents to receive a free headlice information pack, free nit comb and £1 voucher off Lyclear from their local Lloydspharmacy.

In some schools, this was backed up by a letter from the school's headteacher.

According to Lloydspharmacy's children's medicines buying manager Gary Stanborough-Smith, using *Headteacher Update* has given the initiative some professional credibility among teachers. He added: "The initiative also fitted in with Lloyds' portfolio of initiatives that aim to improve general health and use of pharmacy services in the community." **AC**

PRACTICE

RPSGB highlights Curanil dose discrepancy in switch response

The Royal Pharmaceutical Society has raised four points for further clarification in its response to the proposed switch of Curanil laquer (amorolfine hydrochloride) from POM to P.

Despite broadly welcoming the proposed switch of the treatment for onychomycoses, the RPSGB notes that:

- there is a discrepancy between the POM and P dose, and that further information on the efficacy of a once-weekly dosing schedule is required
- that documentation should state more clearly that the diagnosis is being made by the pharmacist, rather than by the customer
- that training material needs to be made available to community pharmacists
- the patient information leaflet should emphasise the importance of returning to the pharmacy at three-monthly intervals for further assessment.

Commenting, Sue Kilby, head of practice at the Society, said: "Pharmacists are familiar with this condition… and are well placed to counsel and support people on the 'relatively' long-term use necessary for this product to be effective."

The consultation for the proposed switch closed on August 30. **AC**

References: 1. Athyros VG *et al* (2002) [illegible] Opin 18(8): 499-502. 2. Athyros VG [illegible] Med Res Opin18(4): 220-228. 3. [illegible] www.medicines.org.uk Last Acce[illegible] on file – ATO 25, Lipitor [illegible]

East Anglia pioneers NHS dispenser training funding

East Anglian Strategic Health Authority is providing up to £250 per student in NHS funds for NVQ2 and NVQ3 dispenser training. This is believed to be the first time NHS funds have been used in this way.

The grants for 2005-06 are available from the local PCTs and are designed to fund community pharmacy and dispensing practice dispensers working in Norfolk, Suffolk and Cambridgeshire, who are not eligible for Learning Skills Councils funding. Trainees who started NVQ2/3 training since April 1 can also claim the grant.

The funding follows the NVQ training needs survey earlier this year. SHA's Eastern Pharmacy Professional Network Education and Training Strategy Group is writing to community pharmacy and practice dispensing assistants about the initiative.

Local LPCs have welcomed the win. Alison Heath, Cambridgeshire LPC secretary, said: "I think that this funding will encourage pharmacists to enrol their staff on training courses."

Norfolk LPC executive officer Tony Dean said: "This will be a bit of a kick-start for those contractors who have, until now, done the bare minimum of staff development. It does make contractors feel more a part of the NHS in this area." **AC**

For more information:

denise@pharmaa-technics.co.uk

Inbrief

Profore bandages

The Pharmaceutical Services Negotiating Committee has highlighted that Litepress and Co-Plus bandages will not be NHS-prescribable from December. As neither bandage is listed in the *Drug Tariff*, contractors are advised to return any prescriptions for Litepress or Co-Plus to the prescriber, requesting they be amended to read Profore#3 or Profore#4 respectively.

For more information:

www.psnc.org.uk

Flomax MR

Flomax MR 400mcg Capsules (tamsulosin hydrochloride) are being discontinued, with stocks likely to run out by the end of next month. Manufacturer Astellas says the product is being replaced by Flomaxtra XL, which also contains tamsulosin and "represents an effective alternative". For more information, contact Astellas medical information on 01784 419615.

Fisonair

The Fisonair Spacer will be removed from the *Drug Tariff* on October 1 as it will no longer be available as a separate product.

The device will continue to be distributed with Intal inhalers when prescribed as Intal Fisonair, incurring one professional fee and one prescription charge. Intal Fisonair currently attracts two prescription charges and two professional fees.

For more information:

www.psnc.org.uk

EDUCATION

Leicester SOP still on probation

The School of Pharmacy at Leicester's De Montfort University is still on probation as an MPharm (Hons) provider following allegations of irregular examination practices (*C&D, May 28, p12*).

Earlier this year, the RPSGB was concerned that some students on the undergraduate pharmacy course had been passed when they should have failed. The claims were originally made in the *Times Higher Education Supplement*.

RPSGB deputy secretary and registrar Philip Green said a great deal of work had been done by the Society and the university. "An action plan is being finalised and we are very hopeful for a satisfactory resolution."

A university spokesman said the action plan would be reviewed in April 2006. **AF**

MEDICINES

Initial approval for AMD product

The Pfizer product Macugen (pegaptanib sodium) has been given an initial green light for the treatment of an eye condition that can lead to vision loss.

The Committee for Medicinal Products for Human Use – part of the European Medicines Evaluation Agency – has granted the product a positive opinion for the treatment of the wet form of age-related macular degeneration (AMD). Pegaptanib sodium is the first ophthalmic therapy to specifically target vascular endothelial growth factor 165, a protein that acts as a signal in triggering the abnormal blood vessel growth and leakage that characterise AMD.

Pfizer hopes for European authorisation by the end of the year. It is already licensed in the USA for intravitreal injection. **AF**

Your advice helped me quit with NiQuitin Lozenge...

...and I didn't pile on the pounds.

Many of your customers worry about putting on weight while giving up smoking. Just as Lorraine did. Lorraine found that NiQuitin CQ 4mg Mint Lozenge helped her tackle her toughest cravings, keeping her calm and in control and less likely to snack. And since the lozenge takes about 30 minutes to dissolve, it was more difficult for her to nibble continuously. All of which helped her keep her weight under control whilst quitting. For more information about how to help your customers quit and control their weight, visit **www.Click2Quit.com**

Quit with NiQuitin

NiQuitin CQ 2mg/4mg Lozenge and Mint Lozenge (nicotine) for relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** *Adults only* 4 mg if smoke within 30 minutes of waking 2 mg if longer. Stop smoking completely. Weeks 1 to 6, 1 lozenge every 1 to 2 hours (min. 9 max 15/day), weeks 7 to 9, 1 lozenge every 2 to 4 hours, weeks 10 to 12; 1 lozenge every 4 to 8 hours Weeks 13-24, 1 to 2 lozenges per day only when strongly tempted to smoke. **Contraindications:** Non-smokers, those under 18, PKU, recent MI/stroke, severe arrhythmias, unstable/worsening /resting angina, hypersensitivity. **Precautions:** Hypertension, peptic ulcer, severe kidney/liver impairment, phaeochromocytoma, hyperthyroidism, diabetes, cardiovascular disease, low sodium diet Swallowed nicotine may exacerbate oral/pharyngeal inflammation, oesophagitis, gastritis, peptic ulcer **Interactions:** Concomitant medication may need dose adjustment **Side effects:** Depression, irritability, anxiety, insomnia, headache, dizziness, cough, cold Nausea, hiccup, flatulence, GI disturbance, appetite change, oral irritation/ulceration, nightmares, restlessness, mood change, pharyngitis, thirst, taste/sensory disturbance, dyspnoea, respiratory disorders, rashes, itching, sweating, numbness, flushes, vascular disorders, halitosis, chest pain, throat swelling, oedema, pain, malaise, wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia **Pregnancy/lactation:** Try nicotine replacement therapy Medical assessment of benefit if necessary GSL PL: 00376/0369, 0370, 0374 **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** £17.49 **Date of last revision:** March 2004

Singing in the **new reign**

Numark may be in line for a merger with a wholesaler but the symbol group remains at the service of independent pharmacists, says chief executive David Wood. **Max Gosney** reports

Numark member pharmacists fretting over the organisation's future, following its recent acceptance of a £27.2 million bid from wholesaler Phoenix, should read up on the symptoms for amnesia.

"Many members said that when Numark converted to a plc in 2002 it would lose the magic, which made the organisation special," says David Wood, chief executive at the symbol group. "But that's not the ease and we have gone from strength to strength and achieved recordbreaking results."

Indeed, Mr Wood has helped guide Numark to being £1.7m in the black and register an 11 per cent increase in member rebates to £9,194 per member in 2004. A humorous and industrious Lancastrian, he urges member pharmacists to trust in the wisdom of the Numark board's decision. "It's not about the structure of the company. It's about what we are delivering to pharmacy in the marketplace," he says. "As soon as we stop doing what members want then we'll stop being successful."

As soon as we stop doing what members want then we'll stop being successful

Billed as a 'virtual pharmacy chain', Numark aims to provide a platform on which independent pharmacies can compete with the might of the multiples.

Mr Wood explains: "It's getting extremely difficult to keep an eye on all the legislation which is affecting pharmacy at the moment. With the challenges facing the sector, pharmacists need a strong organisation to support and represent them."

The Numark package features a portfolio of over 360 own-brand medicines which, buoyed by TV advertising, recorded a record 10 per cent increase in like for like sales to June 2005, according to the symbol group. Combined with retail services and competitive buying terms with wholesalers, independents can gain the perks of a large multiple operator without compromising their community appeal.

Mr Wood says: "The fact that we can offer members insight into their customers' buying habits is a service many multiples don't possess. We are able to blend the strength of the Numark brand with the ultimate selling point of our member, the strong relationship they've got with their local community."

Mr Wood denies that this formula could be lost if the company is placed under the command of a wholesaler like Phoenix. He says: "We try and deal on an equal basis with all distributors. Our members have a choice of wholesalers and we haven't forced their allegiance to a particular operator." Neither Numark nor its new owner would benefit from removing pharmacist's freedom of choice, according to Mr Wood. "This system has helped develop Numark's current success and I believe it is Phoenix's intention to continue that," he adds.

Numark shareholders must vote on the Phoenix bid by September 22. But should a takeover go ahead, the symbol group will not be pausing for reflection insists Mr Wood.

"Numark will look to expand in all areas. We're keen to boost our own brand range, develop new contract support services and increase member rebates. And if there is a ceiling on new members then I don't think we have reached it yet."

The strength of Numark's ambition will be key to its future prosperity, stresses Mr Wood. "The market moves constantly and you've got to adapt to it. Never be satisfied with where you are. If you are doing what you did last year then that's wrong. You should be looking to drive forward."

Wood's wonders. Numark's chief executive offers tips to help pharmacist's make the new contract cut

1. Invest in your premises, ie consultation areas
2. Start your CPD on clinical governance
3. Look to develop pharmacy staff
4. Keep an eye on IT developments
5. Go with the Numark brand

SMILES BETTER

in less than a week

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Corsodyl Mint Mouthwash Product Information. Presentation: A colourless solution containing 0.2% w/v chlorhexidine digluconate. **Indications:** Plaque inhibition; gingivitis, maintenance of oral hygiene, post peridontal surgery or treatment; aphthous ulceration; oral candida **Dosage & Administration:** Rinse 10ml for 1 minute twice daily or pre-surgery Soak dentures for 15 minutes twice daily Treatment length gingivitis 1 month; ulcers, oral candida 48 hours after clinical resolution **Contraindications:** Chlorhexidine hypersensitivity **Precautions:** Keep out of eyes, separate use from [illegible] rinse mouth and toothbrush between applications. **Pregnancy & Lactation:** [illegible] precautions. **Side effects:** Superficial discolouration of tongue, teeth and [illegible] restorations, usually reversible, transient taste disturbance and [illegible] initial use, oral desquamation, parotid swelling, irritative [illegible] generalised allergic reactions **Legal category:** GSL **Product Licence Numbers:** [illegible] **NHS Cost:** PL 00079/0312 300ml £1.81 600ml £3.62 **Licence Holder:** [illegible] Consumer Healthcare, Brentford TW8 9GS, UK. CORSODYL and CORSODYL STANDARD are trademarks. **Date of preparation:** December 2004

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Comment from the Editor

Are the days of professions numbered? This could be the implication buried in the latest bureaucratic gesture from Whitehall.

The DoH has told primary care trusts that it wants all pharmacists working in the community sector, not just the pharmacy contractors, to be on their 'fitness to practise' registers. Post Shipman, this is probably not too surprising, but you have to wonder what value the Government puts on the Royal Pharmaceutical Society's inspectorate.

And don't forget that the Society finally got its fitness to practise regulations passed soon after this Government took office. Unfortunately, various health ministers never got round to signing it into effect.

Meanwhile, PCTs are snowed under with paperwork, and many are considerably over budget. To have more form filling just adds to this without contributing to the health improvements this country needs.

More fundamental is what this registration requirement will actually achieve. Will it really prevent another Shipman? After all, it wasn't his clinical practice that caught him out: It was the forgery of a will that did it for him.

Pharmacy has never had such a problem – its few bad apples have always been dealt with very satisfactorily by the Statutory Committee effectively supported by the inspectorate.

A profession is a profession because it imposes certain standards and expectations on its own members which in turn earns it certain privileges denied the populace at large. However, this Government seems hell bent on increasing bureaucracy and the regulatory burden on businesses and service providers.

This may be one way for the Government to create jobs but to treat professionals as untrustworthy, when the self regulatory practices of this Government are so questionable, is pure cheek.

Will it really prevent another Shipman?

Our question to pharmacists this week was:

What figure should be used to base quantities of a prescription medicine on?

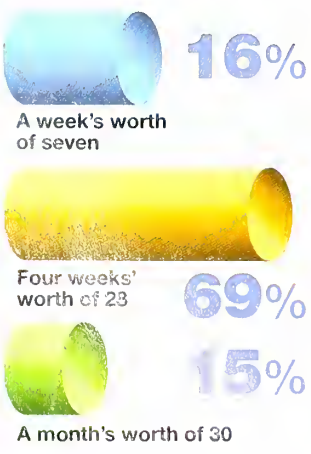
"I would say 28 days, as medicines are usually prescribed in multiples of seven and it is common to prescribe per week rather than per month"

Rehana Choudhry, Essex

"I think that 28 days is still satisfactory"

Trevor Maddison, Leicester

Our online poll at *www.dotpharmacy.com* said...



Yourviews

E-mail your views to chemdrug @ cmpinformation.com

Pharmacy IT has a much stronger role in ADR reporting

I read with great interest the article on ADR reporting by community pharmacists (*C&D, July 30, p4*), which claimed that a mere 0.1 per cent of community pharmacists reported patient safety incidents between November 2003 and March 2005.

While *Xrayser (ibid p15)* rightly highlights the role that other organisations must play in the overall reduction of medication errors, it can be argued that IT has a much bigger role to play.

As many pharmacists are in the mindset to buy new PMR systems that will help them deliver services under the new contract, perhaps it would be prudent to consider how their PMR system will help them reduce the reputed 10,000 deaths that may arise from ADRs, as reported in a recent *Sunday Times Magazine (July 31, 2005)*.

Where EPS (formerly known as ETP) will help to minimise the risk of misreading illegible handwritten prescriptions and lead to less erroneous dispensing, other aspects of PMR systems have yet to be explored. Pharmacists should ideally seek out pharmacy systems that are sophisticated enough to decipher and prompt missing drug combinations from patients' medication regimens, flag potential drug interactions and help them record patients' medication experiences with ease through a regular MUR.

Xrayser's dramatic portrayal of cartoon-intensity aside, having a mechanism to record patient adverse reactions in a standard, easily accessible way is crucial in order to avoid the pharmacy being overwhelmed by an already increasing workload. This, in itself, should encourage more pharmacists to record and report ADRs. Of course, if this is to really work, a blame-free culture needs to be cultivated.

The role of pharmacists in recording and reporting ADRs should not be underestimated: they are in an ideal position to safeguard patients' lives through their accessibility and availability. However, with increasing prescription volumes, they need proper IT infrastructures to help them deliver the true vision of pharmacy without impacting negatively on their workload.

Nick Strong, managing director, Systems Solutions Limited.

TOPICAL REFLECTIONS

Are we providing OPD for free?

Original pack dispensing should have been introduced years ago and I suspect the only reason it hasn't is that the Department of Health doesn't want to pay for it.

As usual, we have been doing the additional work necessary to protect patients from this lack of funding. Now the DoH seems to have found a way of introducing OPD for free. Having set a limit of £500 million for purchase profit the DoH changes the reimbursement rules a little *et voilà* – OPD dispensing appears out of nowhere (ie out of our pockets).

The 'simplified' reimbursement rules (*C&D, September 17, p4*) mean that we fund OPD dispensing ourselves as this was not mentioned as part of our set purchase profits. While we will have the 'discretion' to round up or down within 10 or 20 per cent, we will only be paid for the quantity prescribed. The implications of this are not immediately clear but my guess is that far more rounding up goes on than rounding down. There are far too many packs of 30 while very few GPs prescribe 30 days' supply and the DoH boffins will be well aware of this.

Some contractors are set to lose out more than others under these proposals. And indeed some may even gain slightly. If your local GPs prescribe 30 days' supply you will be quids in. 'Readily available' in relation to broken bulk claims is not the same as 'commonly prescribed' so some contractors will lose out on broken bulk claims. And those who make a lot of out-of-pocket claims could also lose.

The proposals for specials will ensure that we save the Government yet more money. List prices for the 150 most common specials mean that we would have to shop around every time to make sure we got the best price. This would inevitably introduce price competition among specials manufacturers and drive prices down.

Many of these changes must have been made to accommodate the limitations of ETP software. While ETP will certainly make our lives easier in some ways it ultimately allows us to do more work for the same money and we will suffer for its limitations. That sounds like a familiar scenario.

A breath of fresh air for smokers

Cartoon by Don Seed

Pfizer's licence extension for its Inhalator and gums is good news for patients and good news for me. It makes sense that the product licence should formalise what a lot of quitters are doing anyway and it also allows me to offer clinical advice where previously I may have been forced to turn a blind eye.

Plenty of quitters have been using NRT for much longer than the recommended 12 weeks, and some have been smoking as well. Some people seem simply unable or unwilling to stop smoking suddenly. And these patients have been in a clinical 'no-man's land' where, because they have been operating outside the product licence, I have been able to give them little formal guidance. I have not strongly advised against this practice on the basis that any reduction in the number of cigarettes smoked is better than none.

These patients were doomed to use NRT indefinitely or ultimately to re-start smoking. But now I can advise and support them through a quit process that suits them. The same principles apply to the licence extension for pregnancy and breast-feeding. It is obviously better for these women to use NRT than to smoke and I have told my patients so when they have been unwilling to consult their GP or use the local PGD which permits supply during pregnancy.

Of course all my good work and adherence to the rules becomes largely irrelevant when quitters buy their gum from the petrol station. I bet the pump attendant would have no idea of the meaning of a product licence.

One other thought – the new indications imply that a foetus can now 'benefit' from NRT. But will the licence change allow repentant teenagers under the age of 18 to use NRT while giving up the evil weed?

BlackBAG

The Big Too Easy

As a venue for a psychiatric conference there can be no better place than New Orleans.

I walked past a pole set into the walkway leading to the 2001 conference centre marked 'sea level, river level and ground level'. At that position, not 100 yards from where I would sit for hours, I was potentially under 20ft of very murky water should the levees give way. Bourbon Street, home of the ultimate New Orleans cocktail, the 'Hurricane', is aptly named.

"There is a house in New Orleans..." lyrics from a song before its time. Now in the Big Easy there are no houses or for that matter animals, other than poor humans clinging to the residue of civilisation. America doesn't have as many GPs (HMOs) as the UK per head of population but they found themselves treating people in the New Orleans Superdome and Conference Centre after losing their own homes.

Federal support was slow to arrive; while the world watched, old people died in wheelchairs clutching notes to their relatives.

While the world watched, old people died in wheelchairs

What frightens me most about this disaster is the location. We are used to dreadful news from developing world tragedies and the treacle-wading response from countries often with pet food expenditure greater than the disaster area's gross national product. But in the home of the most developed nation on earth?

Flu, TB, polio, HIV and the Black Death are not new to the UK. Far from terrorists, the biggest threat to human health still comes from nature's own arsenal. It is all a matter of priorities. Sophisticated wars on distant innocent people versus basic commonsense response to what mother nature can and will throw at us. Surely this matters more than any terrorist threat?

Dr Ian Banks is a GP practitioner in Northern Ireland

Lambeth OUTLOOK

Checking in at the Health Hotel

It's September, so not only is BPC taking place, but pharmacy will also be raising its profile at the party political conferences, writes Beverley Parkin, director of public affairs at the Royal Pharmaceutical Society

September brings the party conference season – when the Westminster village decamps to the seaside for three weeks. Many organisations, including the major bodies in pharmacy, see the conferences as an opportunity to get their messages across in the presence of ministers and MPs. So what makes an effective strategy programme for an organisation in the health sector?

In a nutshell, the conferences exist to allow party members to debate, unpick, torpedo or endorse party policy. But there are always a lot more people attending than the couple of thousand delegates each of the parties are likely to send to participate in the forum itself. Generally speaking, the conferences are attended by most MPs, ministers and shadow ministers who drift around the secure conference areas, waiting to be picked off by lobbyists, journalists and, heaven forbid, the odd party member. Between the formal debating sessions, they have their work cut out presenting or chairing hundreds of fringe events. The pharmacy bodies have, in the past, hosted such events and these have proved a useful presence for the profession.

During the past couple of years, however, we have been working with small teams of local pharmacists to ensure a pharmacy presence at fringe events hosted by others. As well as some intensive networking, the pharmacists will be raising points from the floor in meetings tackling a wide range of subjects in the "Health Hotels".

The Health Hotel, for those who aren't aware of it, is a sponsored venue for all the health events at the conferences. This ensures everyone with an interest in health has a good idea where their event will be, and also helps ensure health events don't clash.

The Health Hotel is a genuinely innovative approach because it acknowledges the difficulty many organisations have experienced when trying to cram all their events and activities into a four-day conference. For the health sector, the dreaded event clash – where your audience is torn between different events in venues at either end of the promenade – could be a thing of the past.

This year's Health Hotels will be at the Old Ship at Labour's conference in Brighton, and in the Best Western Carlton in Blackpool for both Conservative and Liberal Democrat conferences.

Highlights at the Labour conference include a debate on whether the NHS gets the press it deserves, a discussion around the vision of a patient-led service with Rosie Winterton, and Patricia Hewitt on what happens to the NHS if the money runs out.

At the Liberal Democrats' conference, pharmacist and MP Sandra Gidley has been speaking on older people's issues, her frontbench portfolio, and we have been targeting debates on patient choice and the future of the NHS. The Conservative highlights include John Baron on achieving better health by building active communities and Simon Burns on tackling health inequalities.

With dozens of fringe events, breakfast meetings and late night receptions, the party conferences are not for the faint-hearted. You could argue that too much health could be bad for you.

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CPD clinic

Sue Jones and Fawz Farhan start a new Q&A series on continuing professional development

What does the RPSGB mean by continuing professional development (CPD)?

CPD is defined as "a framework for the maintenance of professional competence of pharmacists", in the latest *Medicines, Ethics and Practice* (29). This definition replaces the earlier requirement for all pharmacists to complete 30 hours of continuing education (CE) every year.

How does CPD differ from continuing education (CE)?

CPD is a cycle that involves 'reflection on practice' (what do I need to know/be able to do to improve my practice), 'planning' (how can I learn, eg CE or other activities), 'action' (undertaking the learning) and 'evaluation' (reflecting on the learning you have undertaken and asking yourself "what have I learned" and "how has it benefited my practice").

CE on the other hand is a small component of CPD and refers to traditional methods of learning such as attending workshops, following diploma or distance learning courses, or structured reading.

CPD recognises that there are other ways of learning, such as work shadowing and dealing with problems and incidents in the workplace. Thus, once an area of learning is identified by using the CPD process, CE is one way to undertake learning. The important distinction to remember about CPD is the relationship between learning and practice improvement.

When does mandatory CPD come into force?

When your registration form was signed at the start of 2005, you signed a declaration stating that you would undertake CPD and keep a record of it. So, professionally, CPD has been a requirement since the start of the year.

Legislation is being put into place by a change in Section 60 of the *Health Act 1999* and this is expected to occur in late 2005/early 2006. It was in anticipation of this that the latest *MEP* removed the requirement for 30 hours of CE.

How much CPD do I need to do?

The Society has always recognised the importance of quality in the continuing education opportunities available to pharmacists and has suggested that 30 hours CE is a reasonable annual commitment.

This guidance has now been superseded because the focus for CPD is not how much learning takes place but the impact of learning on practice.

As a general guide, most pharmacists can identify many learning experiences that would be suitable for a CPD entry and they make around one entry per month.

The Society will be looking for CPD entries that meet a defined set of quality criteria. You can find these in Appendix Six of the Plan and Record

What can I count towards my CPD?

Anything can be counted towards your CPD if it has had an impact, however small, on your practice as a pharmacist.

To find out more about CPD visit www.uptodate.org or contact the education department at RPSGB (Tel: 020 7735 9141).

Sue Jones is clinical pharmacy practice lecturer at King's College London and RPSGB CPD Facilitator; Fawz Farhan is visiting lecturer in pharmacy practice at King's College London and education and training specialist at Mediapharm.

E-mail your views to chemdrug@cmpinformation.com

How can community pharmacy be just a 'special interest group'?

Steve Dunn's rejection of the concept of an interest group to serve the independent sector in community pharmacy serves to strengthen the case for the cause against which he argues (*C&D, September 10, p18*).

While in an ideal world Mr Dunn's concept of a single voice for pharmacy is clearly attractive, it is frustration with the effectiveness of the existing voices that is driving busy pharmacists to do better. Given the size of the independent sector, it is perhaps others who are splinters and so far there has been a silent majority of independents whose needs now require to be addressed. It is hard to see how the core of pharmacy can be described as a "special interest group".

Given the groundswell of support for a new representative body from a wide range of interests, it is a pity that such an influential figure as Mr Dunn [group managing director at AAH Pharmaceuticals] feels unable to give his backing to an organisation which would work in the best interests of nearly half the country's pharmacies, many of which are owned by his own customers.

The vision of a BMA style group representing all practising pharmacists, while laudable, should not be confused with a sharply focused lobby group for the independent sector: the two are not mutually exclusive.

Vertically integrated retail/wholesale groups such as AAH/Lloydspharmacy clearly benefit from the present arrangements to the disadvantage of the independents; they are, after all, working to an entirely different business model. Far from excluding himself and his company from the new body, Steve Dunn would do independent pharmacy a great service by following the lead being taken by others and offering his support to a new organisation should it be formed.

Ian Brownlee, managing director, Mawdsleys.

In favour of a voice for independents

I read with interest Steve Dunn's comments (*C&D, September 10, p18*) with regard to the potential formation of a new body to promote the interests of independent pharmacy.

I have to disagree with Mr Dunn's assertion that a "splinter group" is the "last thing that pharmacy needs". While in theory I agree that an organisation to "embrace the whole of pharmacy" would be beneficial, in reality I find it difficult to envisage how such a body would operate. In an industry comprising so many different parties, all with their own vested interests, I fail to see how one organisation would be capable of representing all.

I am not saying that pharmacy should not pull together – our lobbying towards the new contract is evidence of the power that the industry can exert when it works in collaboration – however, I do believe that in many situations this would simply not be viable.

As independent pharmacy is under pressure to be more proactive and competitive, and independent contractors are fearful for their futures, a body to speak on behalf of this sector can only be of positive benefit. Any such organisation would have UniChem's full support.

Mike Smith, chairman, UniChem.

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Paramol Product Information. Indications: For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular pains, and also as an anti-pyretic. Active Ingredients: Each tablet contains 500mg Paracetamol and 7.46mg Dihydrocodeine Tartrate. Dosage and Administration: PARAMOL should, if possible, be taken during or after meals. Adults and Children over 12 years: 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. Children under 12 years: Not recommended. The Elderly: Caution should be observed in increasing the dose in the elderly. Contraindications: Hypersensitivity to paracetamol or any of the other constituents. Respiratory depression, obstructed airways disease. Other special warnings and precautions: PARAMOL should be given with caution to patients with allergic disorders and should not be given during an attack of hepatic disease. An overdose can cause hepatic necrosis. Care is advised in the administration of paracetamol to patients with severe renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. Do not exceed the recommended dose. Patients should be advised not to take other paracetamol containing products concurrently. Use in pregnancy and lactation: Studies in human pregnancy have shown no ill effects due to paracetamol used in the recommended dosage, but patients should take their doctor's advice before use. Interactions: metoclopramide, domperidone, cholestyramine, warfarin and other coumarins. Alcohol. Available published data does not contraindicate breast-feeding. Other undesirable effects: Adverse effects of paracetamol are rare, but hypersensitivity including rashes may occur. Constipation, if it occurs, is readily treated with a mild laxative. Nausea, vertigo, headache and giddiness may occur in a few patients. If symptoms persist, consult your doctor. Keep out of reach of children. Overdosage: Contains paracetamol. In case of suspected overdose, patients should be admitted to hospital urgently and medical attention sought immediately. Paramol Soluble Legal Category: P. Packaging Quantities and RSP (excluding VAT): 12s £2.12; 24s £3.70. PL Number: 11314/0058. PL Holder: Seton Products Ltd, Oldham. Paramol Tablets Legal Category: P. Packaging Quantities and RSP (excluding VAT): 12s £2.34; 24s £3.96; 32s £4.47. PL Number: 11314/0128. PL Holder: Seton Products Ltd, Oldham.

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This article can help in the following CPD competencies: **G1c, G1h, C1f, C4g.** A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

Man's second best friend

THE COLLEGE OF PHARMACY PRACTICE

This course (module 1350), in association with multiple choice questions being published in *C&D* October 1, provides one hour's continuing education

Learning objectives

- To be aware of general aspects of keeping dogs healthy
- To be able to advise on preventing and treating parasites
- To know which conditions should be referred to a vet
- To be aware of vaccination schedules for dogs
- To understand the issues around taking pets abroad

In part two of a series on veterinary pharmacy, *Steven Kayne* advises on the care of dogs

Dogs are the second most popular of British pets. According to the *Pet Food Manufacturers' Association Profile*, there are eight million cats and 6.9m owned dogs (pets and working) in the UK, giving a total of 14.9m.

Over the past 10 years, changes in lifestyle and household structures have affected the relative populations of dogs and cats, with cats gradually increasing to outnumber dogs.

Community pharmacists frequently encounter conditions resulting from infestation with ectoparasites (fleas, ticks, lice and mites) and endoparasites (worms of varying types).

As stressed in the first article in this series (*C&D, August 13, p17-19*), at present, pharmacists are prevented by law from diagnosing and treating animal diseases (although this may change) but they can advise on preventing infestations and respond to requests such as "My dog has XYZ, what is available to treat it?"

Ectoparasitic infection

Control of fleas and other related ectoparasites is important because they can pose a zoonotic risk and act as vectors in the transmission of disease (as described in the previous article).

Fleas: at any one time, *Ctenocephalides felis* (the cat flea), *C canis* (the dog flea) or *Pulex irritans* (the human flea) may be dominant on a dog. Dogs also pick up fleas from rabbits, hedgehogs and squirrels, but these do not remain on the animal for long.

The most usual signs of flea infestation include:

- alopecia
- bloody inflammation and other skin conditions brought on by hypersensitivity to the flea saliva during warm weather, and the animal's response
- pruritus
- scratching
- visual evidence (such as fleas and flea faeces in the fur).

The main source of the dried blood necessary for larval development in the flea life-cycle is the adult parasite faeces, often present in the bedding. To obtain effective control, both the dog and its immediate surroundings must be treated. Cats in the same household can act as a significant source of infection and should also be treated (though this will be covered in more depth in a later article). Household furnishings should also be treated as they are likely to be infested.

A large number of ectoparasitacides are available for treating dogs (*see Table 1*). They should not be used concurrently. Because of all the variables, direct comparisons of effectiveness are difficult. The choice of product depends on the wishes of the animal owner, the circumstances, species and breed of animal, degree of infestation and environmental considerations. Manufacturers' literature and internet reviews will help.

Systemic parasitacides are administered orally, by subcutaneous injection or as "pour-ons," when liquid is poured along the dorsal midline of the animal, or "spot-ons" when a small amount is applied to the head or back. Active material is absorbed through the skin and passes into the circulation, then into the ectoparasite. Lufenuron is an insect growth regulator. It does not kill the parasite directly but interferes with its ability to develop. The drug acts mainly on immature stages and is therefore unsuitable for rapid removal of a large infestation, for which reason it may be initially combined with other parasitacides. Most of these preparations for companion animal use are currently Prescription Only Medicines.

Although cats are now the most popular household pet, there are still 6.9 million owned dogs (pets and working) in the UK

Topical preparations include dips, lotions, powders, sprays and washes. Flea collars are useful but, while providing insecticidal protection, they can invoke an allergic reaction from continuous contact with the skin. The ingredients are mainly based on pyrethrum and permethrin. Care must be taken when using flea collars to avoid toxicity with pregnant and nursing bitches. Some collars are impregnated with "natural" products (such as citronella or lime oil).

Initially, the animal should be clipped and washed with an insecticidal shampoo to remove debris and clean the animal's coat. Ticks should be removed. A

Continued on p

New legal categories
The following will take effect from October 30 under the Veterinary Regulations 2005. However, at the time of going to press the Veterinary Medicines Directorate had not assigned the products in tables 1 and 2 to categories under the new Regulations.

- POM = POM-V (POM Veterinarian)
- P = will be abolished and products transferred to POM-V or POM-VPS (veterinarian, pharmacist and specially qualified person).
- PML = POM-VPS for food animal products or
- NFA-VPS for non-food producing animals
- GSL = AVM-GSL (authorised veterinary medicine GSL)

topical agent should then be applied. Sprays are the most popular form, probably because of the ease of use, although care must be taken not to startle the animal with the noise. Powders are the second preference of animal owners. Many agents should not be used on young puppies.

Some products require owners not to be in close contact with their animal for six to eight hours and, more specifically, not allow it to sleep on the bed.

Ticks: dog ticks (*Ixodes canis*) and hedgehog ticks (*I hexagonus*) may be picked up by dogs that have been exercised in rural environments. The reaction to tick bites is similar to that from fleas. Treatment involves physical removal and application of a suitable ectoparasitacide. Ticks are implicated in Lyme disease.

Mites: when the normal dermodex mite population in a dog's skin multiplies, dermodectic mange results. The canine strain of the mite *Sarcoptes scabei* causes the highly contagious sarcoptic mange, while the ear mite (*Otodectes cynoptis*) is a parasite that often causes otodectic mange. This can be found on other parts of the animal's body as well as in the ear, necessitating more extensive treatment. The owners of dogs showing signs of mange should be referred to a vet.

Endoparasitic infection

There are two main groups of endoparasites: roundworms (nematodes) and tapeworms (cestodes). Flukes (trematodes)

Continued on page 26 ▶

Table 1: Selection of topical ectoparasitacides for cats and dogs

Powders	Class	Active against	Animals	Manufacturer	Product name
Permethrin	GSL	Fleas, ticks, lice?	Cats and dogs	Battles	Pet Flea Powder
				Johnsons	Pet Flea Powder
				Pfizer *	Canovel Powder
				Schering Plough	Head to Tail
				Sherleys	Pet Flea Pdr
				Sinclair	Secto Flea Pdr
Pyrethrins (with piperonyl butoxide)	GSL	Fleas and lice	Cats and dogs	Armitage	Pet Flea Powder
				Bob Martin	Pet Flea Powder
				Johnsons	Kilpest, Johnsons Anti Scratch Powder
				Seven Seas	Vetzyme Flea Pdr
Shampoos					
Permethrin	GSL	Fleas, ticks, lice?	Dogs	Seven Seas	Vetzyme
				Virbac	Defencare
	GSL	Fleas, ticks, lice?	Cats and dogs	Battles	Insecticidal S'poo
				Johnson's	Insecticidal S'poo
Pyrethrins (with piperonyl butoxide)	GSL	Fleas and lice	Dogs	Bob Martin	Insecticidal S'poo
Coconut oil triglycerides	GSL	Fleas, ticks and lice	Cats and dogs	Genitrix	Xenex
Flea collars					
Carbaril	GSL	Fleas	Cats and dogs	Johnson's	Flea Collar
				Secto (Sinclair)	
Deltamethrin	POM	Ticks	Dogs	Intervet	Scalibor
Dimpylate (Diazinon)	GSL	Fleas and ticks	Dogs	Armitage	Flea Collar
				Bob Martin	Flea Collar
				Sherley's	Flea Collar
				Sinclair	Flea Collar
				Virbac	Prevender
Dimpylate and EFO esters	GSL	Fleas and ticks	Cats and dogs	Pfizer*	Canovel, Derasect
				Virbac	Preventef,
Permethrin	GSL	Fleas	Dogs	Pfizer	Canovel
Permethrin + EFOs	GSL	Fleas, ticks; lice	Cats and dogs	Virbac *	
Methoprene	GSL	Fleas	Cats and dogs	Johnsons	Johnsons Flea Collar
Pour on and spot on					
Permethrin	GSL	Fleas, ticks, lice	Dogs	Bob Martin	
				Pfizer	Canovel Flea Drops
				Schering Plough	
Coconut oil triglycerides	GSL	Fleas, ticks/lice	Cats and dogs	Genitrix	Xenex
Fipronil	POM	Fleas, ticks and lice	Cats and dogs	Merial	Frontline
Fipronil + methoprene	POM	Fleas, ticks and lice	Cats and dogs	Merial	Frontline Combo
			Cats and dogs	Bayer	Advantage
Imidacloprid + permethrin	POM	Fleas and ticks	Dogs	Bayer	Advantix
Imidacloprid + moxidectin	POM	Fleas	Cats and dogs	Bayer	Advocate
Selamectin	POM	Fleas and lice	Cats and dogs	Pfizer	Stronghold
Sprays					
Coconut oil triglycerides	GSL	Fleas, ticks and lice	Cats and dogs	Genitrix	Xenex
Dichlorvos + fenitrothion	PML	Fleas	Cats and dogs	Novartis	
Fenvalerate	PML	Fleas and ticks	Cats and dogs	Fort Dodge	
Pyrethrins	GSL	Fleas and lice	Cats and dogs	Johnsons	
Permethrin	GSL	Fleas and ticks	Dogs	Pfizer	Canovel long acting
Fipronil	GSL	Fleas, ticks and lice	Dogs	Merial	Frontline
Tablets					
Lufenuron	POM	Fleas	Dogs	Novartis	Program
Lufenuron + Milbemycin oxime	POM	Fleas	Dogs	Novartis	Program Plus
Nitenpyram	GSL	Fleas	Dogs and cats	Novartis	Capstar

Classifications are those in force September 2005. This list may not be exhaustive. ** denotes separate versions available*

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can be a problem in working dogs on farms but are rarely seen in companion animals.

Symptoms of "unthriftiness" (failure to thrive) and diarrhoea can appear in puppies infested by worms, but in older animals the condition may be asymptomatic, although sometimes there is evidence in the faeces.

Roundworms: the most common roundworm in the dog is *Toxocara canis*. It poses a zoonotic risk to humans from eggs passed into the soil with the hosts' faeces and subsequently ingested. The UK Pet Health Council has stressed that there are only about two new cases of illness due to *Toxocara* annually per million of population. People can take active steps to minimise the risk of contracting toxocariasis by regular worming of their pets and "poop scooping".

Most infections are self-limiting because of the host inflammatory response, which kills many larvae. Products containing diethylcarbamazine and thiabendazole are effective as treatment. Corticosteroids may be used to control allergic symptoms, especially in the eye. Guidelines for control and prevention are:

- routine worming of young and adult animals (*see below*)
- remove and destroy all voided faeces
- train dogs to defaecate in gutters or on ground not used by children
- wash hands after handling animals and before eating food.

Piperazine has usually been the drug of choice in treating roundworm. It is well tolerated and can be given to young animals either over five days or as a single dose. As adult worms in lactating bitches and puppies are central to the parasite's lifecycle, an effective control measure is to treat lactating bitches and then the puppies until three months old in order to eliminate the successive waves of prenatal transmission, transmammary transfer of larvae, and the ingestion of infective puppy faeces.

Tapeworms: these are numerous in adult animals, with one study putting infestation as high as 10 per cent. It is often symptomless, except in severe cases when abdominal pain may result. Anthelmintics can be used to eliminate adult parasites from the intestine or to kill larvae in the tissues. Tapeworms are often treated with dichlorophen, but new drugs are being developed with a broader spectrum. Regular dosing at three-monthly intervals is recommended for the routine control of worms in older animals. Factors such as resistance, spectrum of efficacy, safety in young animals, dosage form (tablets, powders, pastes, liquids are all available), and cost should be considered when recommending appropriate anthelmintics. The manufacturers' information sheets give comprehensive dosing information.

Dual wormers: if there is uncertainty as to which type of helminth is present, or if both are likely, dual-purpose wormers can be used. When calculating the dose, it is important that the manufacturers' instructions regarding age and body weight are followed carefully.

A selection of worming products is shown in *Table 2*.

Other conditions affecting dogs

Allergies: atopic skin disease is associated with hypersensitivity to environmental allergens. Dogs, particularly small terriers, often suffer from a pruritus resulting from forays into the undergrowth on parkland. Scratching may exacerbate the condition. An important element of treating allergic reactions is removal of the allergen but this is not always possible.

Infestation of dogs with the cat flea *Ctenocephalides felis* may result in hypersensitivity to flea saliva. A primary eruption with papules may be seen and pruritus is often present. There may be secondary infections and exacerbation resulting from the animal scratching.

Food allergies are difficult to identify and are usually found by selectively stopping and then reintroducing suspected food items. Signs include pruritus, particularly on the face, and gastrointestinal symptoms. Skin conditions may also be caused by using perfumed toilet soap to wash the animal, or as a result of contact with material on the ground, such as floor polish etc.

Vets often prescribe glucocorticoids as the drug of choice to deal with allergic symptoms. Oral antihistamines are also used. Combining glucosteroid and antihistamine treatment appears to enhance the steroid effect and allow reduction in dose in some dogs, but results in the literature vary widely. Dietary supplementation with evening primrose oil and with mixtures of this with marine fish oil has been shown to be effective in canine atopy.

Diarrhoea and vomiting: diarrhoea and vomiting are not in themselves diseases; they are common symptoms of a wide range of conditions, some serious and some more trivial.

Diarrhoea: animals with diarrhoea should be starved for 24 hours and a light balanced diet reintroduced thereafter. In most cases diarrhoea will not be indicative of a serious condition and there are OTC diarrhoea and anti-flatulence products available. However, owners should be vigilant and, if the condition persists or if there is blood in the stools, they should be directed to a vet without delay.

Vomiting: it is important that dog owners are aware of the differences between vomiting and regurgitation. Vomiting is an active process in which the abdominal muscles, the diaphragm and chest muscles, larynx and the lower part of the neck all play a part. With regurgitation there is no gagging or retching and muscular effort is absent. The dog simply opens his mouth and allows partially digested food to exit.

The causes of vomiting are varied and include disease, the presence of a foreign body, gastritis, poisoning and stress. Diagnosis is important and, in all but the simplest case, treating without veterinary advice is inappropriate.

Conjunctivitis: conjunctivitis is only one of a large number of eye problems reported in dogs. It is included here because it is a condition for which owners frequently seek assistance from pharmacists and illustrates a particular problem. As far as the owner is concerned there are perfectly good products on our shelves for human use that will surely do a similar job in animals. That may well be so, but none are licensed for veterinary use and must not be supplied. The condition should be referred.

Otitis externa: inflammation of the ear canal, or otitis externa, can be caused by a number of factors, such as infection, parasites, foreign bodies, tumours, and underlying dermatological disease. Bacteria such as *Staphylococci, Streptococci, E coli*, and *Pseudomonas spp* are the main causative organisms but yeasts may also be present. Dogs with long, pendulous ears, such as Cocker Spaniels, Labrador Retrievers, Basset Hounds and Irish Setters are more predisposed to ear problems than those breeds with short, erect ears.

As the ear folds, it covers the ear canal and prohibits air from entering and drying the canal. The result is a moist, warm ear canal that is a perfect environment for organisms to grow. Owners will notice the dog shaking its head or scratching at its ears. Most infectious otitis ears have a pungent odour. If the infection persists, the ear canal will become inflamed. Refer to a vet.

Minor cuts and abrasions: a number of commercially available topical preparations may be used to deal with minor abrasions or to prevent infection of a wound following surgery. Appropriate advice should be given on cleansing and/or keeping the wound clean. Active ingredients include benzalkonium chloride, cetrimide, chlorocresol and chloroxylenol in ointment, powder, lotion and spray formulations. Povidone-iodine preparations are also available, but should not be used concurrently with other antiseptics or detergents.

Keeping dogs healthy

Measures necessary to keep dogs health include:

- Feeding that reflects the animal's age and health status.
- Exercise appropriate to the breed.
- Routine ecto- and endoparasitic control outlined above.
- Vaccination against disease.

Vaccination: in response to concern about possible health risks related to routine vaccination of cats and dogs, the UK Veterinary Products Committee set up a Working Group in 1999. The group has reported that vaccination plays a valuable role in the prevention and control of major infectious diseases in cats and dogs. Although adverse reactions to vaccination, including lack of efficacy, can occur, it was concluded that the overall risk/benefit analysis strongly supports their continued use.

Vaccinations are commonly given against distemper, parvovirus, hepatitis, para-influenza, leptospirosis and now rabies (under the pet quarantine exemption scheme). While none of these diseases are common, they are still seen and are all potentially devastating, so vaccination is an important part of preventative healthcare. A puppy vaccination programme usually consists of two injections, two to

Continued on page 28 ▶

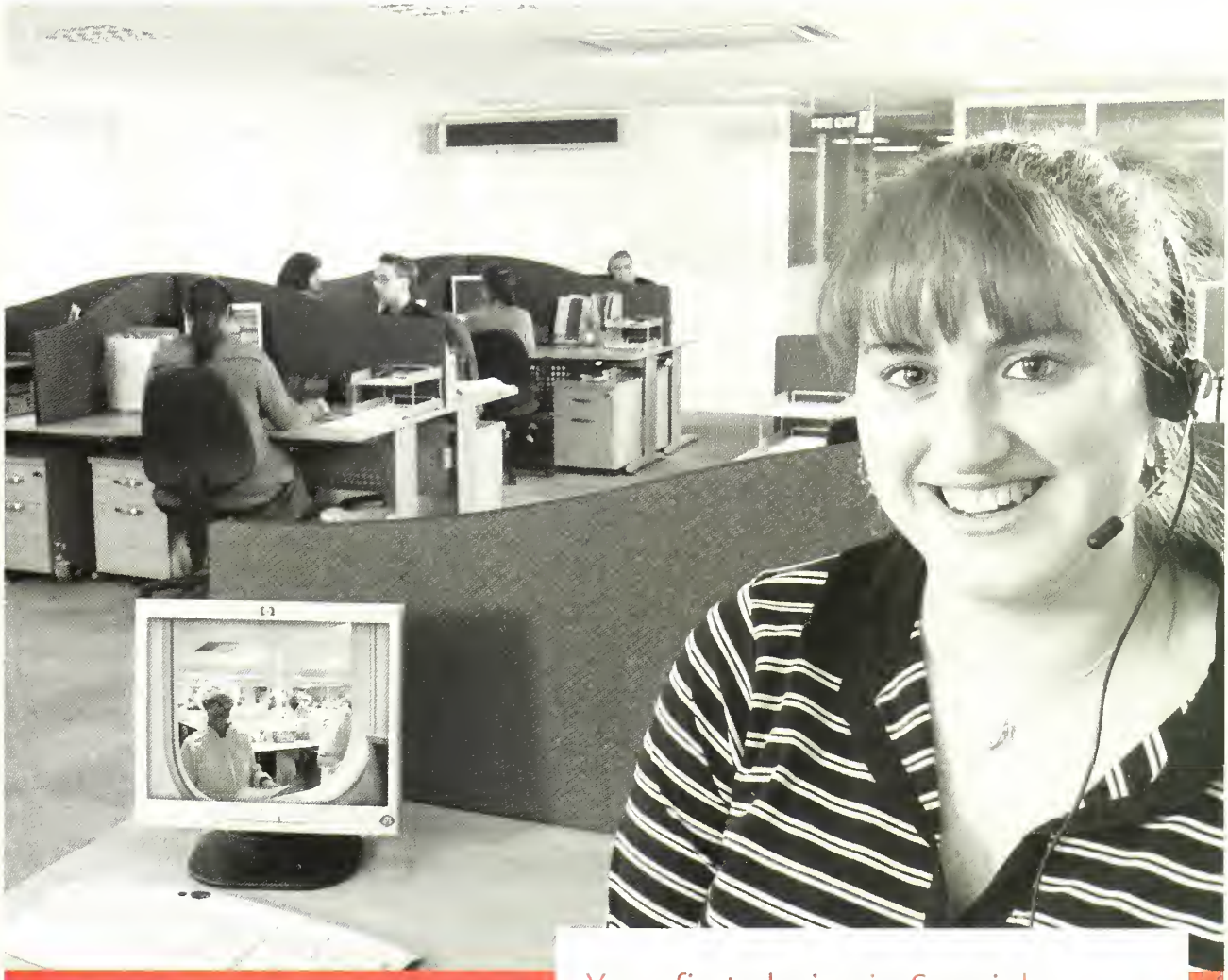

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Table 2: Selection of endoparasitacides to treat roundworms and tapeworms in dogs and cats

Tablets	Legal category	Parasites controlled	Target animals	Manufacturer	Product name
Praziquantel	GSL	Tapeworms	Cats and dogs	Bayer	Droncit
Praziquantel + Febantel	PML	Roundworms, tapeworms *E Multilocularis*	Dogs	Bayer	Drontal Plus
Flubendazole	PML	Roundworms tapeworms (*Taenia spp.*)	Dogs	Janssen	Flubenol Easy
Garlic, powdered + garlic oil	GSL	Non-specific	Cats and dogs	Dorwest Herbs Ltd	Garlic Tablets
Nitroscanate	GSL	Roundworms tapeworms (except *Echinococcus*)	Dogs	Novartis Millpledge Chanelle	Lopatol 500 Nitroscanate 100/500 Troscan 100/500
Milbemycin + praziquantel	POM	Roundworms (not *Trichuris vulpis*), tapeworms	Cats and dogs	Novartis	Milbemax
Fenbendazole	PML	Roundworms, tapeworms (*Taenia spp*)	Cats and dogs	Intervet	Panacur Favourites
Mebendazole	PML	Roundworms Tapeworms (except *Dipylidium*)	Dogs	Janssen	Telmin KH
Milbemycin oxime + lufenuron	POM	Roundworms, heartworm	Dogs	Novartis	Program Plus
Piperazine phosphate	GSL	Roundworms (not *Trichuris vulpis*)	Cats and dogs	Pfizer	Endorid Palatable Wormer
Granules					
Fenbendazole	PML	Roundworms, tapeworms (*Taenia spp*)	Cats and dogs	Intervet Virbac Chanelle	Panacur Granofen Zerofen
Pour on and spot on					
Imidacloprid + Moxidectin	POM	Roundworms, heartworm	Cats and dogs	Bayer	Advocate
Selamectin	POM	Roundworms (*Toxocara* only) Heartworm	Cats and dogs	Pfizer	Stronghold
Suspension					
Pyrantel embonate + febantel	PML NFA-VPS	Roundworms	Dogs	Bayer	Drontal Puppy Suspension
Fenbendazole	PML	Roundworms, tapeworms (*Taenia spp*)	Cats and dogs	Intervet	Panacur Liquid Wormer
Paste					
Pyrantel	PML	Roundworms (except *Trichuris vulpis*)	Dogs	Pfizer	Strongid Paste for Dogs
Injection					
Praziquantel	POM	Tapeworms	Cats and dogs	Bayer	Droncit Injectable

Classifications are those in force September 2005. This list may not be exhaustive.

four weeks apart and can be completed by 10-12 weeks of age, depending on the vaccines used. On each occasion, the dog should be examined and advice given on any other health concerns.

While the manufacturers and most vets will recommend annual booster vaccinations, there is now some controversy about the ideal interval between vaccinations. Vets will advise owners depending on the local disease situation and the state of a dog's health.

Travelling abroad

The Pets Travel Scheme (PETS) allows owners to take a dog (or cat) to specified countries and return to the UK without putting the animal into quarantine, subject to compliance with regulations including chip identification and vaccination.

Preparation should ideally start not less than six months before the intended date of travel. When an owner has chosen his or her destination it is advisable to visit the Government website *www.maff.gov.uk/animalh/quarantine* or telephone the PETS helpline: 0870 241 1710 to check the following:

- Is the country accepted into the scheme?
- Are there any additional requirements for this country?
- Which routes of travel are authorised?

Dr Steven Kayne is a community pharmacist from Glasgow with a special interest in companion animals. He is co-director of the RPSGB Veterinary Pharmacy Training Programme and is on the Veterinary Products Committee of the Veterinary Medicines Directorate.

Actionplan

1. Review the first article in this series (*C&D, August 13, p17-19*), particularly zoonotic risks.
2. Review the symptoms of mange in dogs, so you know when to refer to a vet.
3. Legally, pharmacists cannot "respond to symptoms" for a dog but can for a human. Discuss this with colleagues.
4. Check what products you stock for dog ailments. Compare this with the products listed in *C&D Price List* or other suitable source. Is your range reasonable? If not, would it be commercially viable to extend this range?
5. What do "condition tablets" contain and how do they act?
6. What are the symptoms of Lyme disease in humans? What advice should you offer dog owners to avoid this condition?

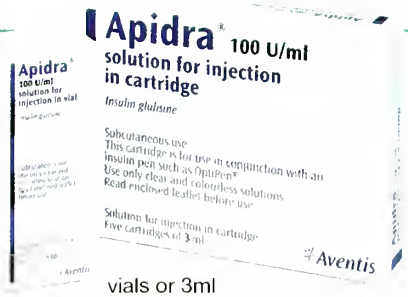
Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D* readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the October 1 issue, which will cover this week's CPP-accredited module, together with those in the September 10 and 17 issues. These will cover:

- **Malaria part 2 (1348)**
- **Shingles and glaucoma (1349)**
- **Vet series part 2: dogs (1350).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

Apidra injection



Sanofi Aventis has launched Apidra, a new fast acting insulin analogue for the treatment of adults with diabetes mellitus. Containing insulin glulisine, the solution for injection should be given subcutaneously shortly (0-15 minutes) before or soon after meals. The SPC states that Apidra should be used in regimens that include an intermediate or long-acting insulin or basal insulin analogue, and can be used with oral hypoglycaemic agents.

As with all insulins, the main side effect is hypoglycaemia. In the SPC, Sanofi Aventis warns that a drop in blood sugar may occur earlier after an injection with a rapid acting analogue than human soluble insulin. For this reason, the SPC warns that patients should only be transferred to a new brand or type of insulin under strict medical supervision.

The product is available in 10ml vials or 3ml cartridges, and the manufacturer describes it as "a new flexible option for people with a range of body types, ranging from lean to obese, that can be used in both type 1 and type 2 diabetes".

Price: 10ml vial £17.27; 5x3ml cartridges £29.45

Pip code: 10ml vial 318-4470, 5x3ml cartridges 318-4389
Sanofi Aventis
Tel: 01483 505515

Bonviva tabs

Bonviva, the first once-monthly tablet for postmenopausal osteoporosis, has been launched by GlaxoSmithKline and Roche.

The recommended dosing of the ibandronic acid product is one film-coated tablet on the same date each month, after an overnight fast and one hour before the first food, drink or medicinal product of the day.

Tablets should be swallowed whole with a glass of plain water (some mineral waters may contain a high concentration of calcium) while the patient is sitting or standing in an upright position, and the patient should not lie down for one hour afterwards.

No dosage adjustment is necessary in the elderly, patients who have hepatic impairment or mild or moderate renal impairment. Bonviva is not recommended for patients with creatinine clearance below 30ml/min, children, adolescents or in pregnancy or lactation.

Price: Single tablet £21.45, three tablets £64.35

Pip code: 1s 317-6856, 3s 317-6864
Roche Products Ltd
Tel: 0800 731 5711

Fendrix vaccine

Fendrix, a vaccine for active immunisation against hepatitis B infection, has been launched by GlaxoSmithKline.

The product is licensed for use in patients with renal insufficiency (including pre-haemodialysis and haemodialysis patients) from the age of 15 years onwards. The recommended vaccination course is one intramuscular dose administered to the deltoid region at zero, one, two and six months. In addition, Fendrix may be used as a booster dose after a primary vaccination course with any recombinant hepatitis B vaccine.

The most common side effects reported in trials were fatigue and pain, according to the SPC. Other side effects either commonly or very commonly reported included headache, fever, GI disorders, redness and injection site swelling.

As there is no interaction data available for Fendrix, the manufacturer recommends allowing an interval of two to three weeks before administering other vaccines.

Price: 0.5ml prefilled syringe £38.10

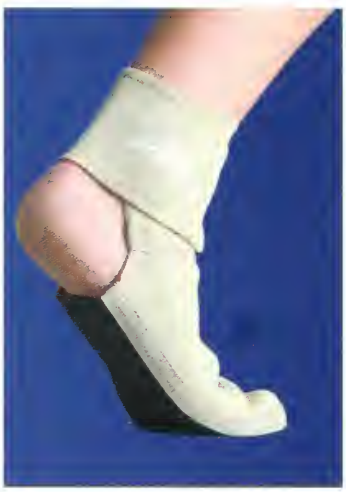
Pip code: 316-4159
GlaxoSmithKline UK Limited
Customer Contact Centre
tel: 0800 221 441

Foot support from Thermoskin

The Thermoskin range of products has been extended with the addition of two new products for ankle and foot.

The Ankle Foot Gauntlet helps to increase blood flow to the area as well as provide support and is recommended for patients with diabetic neuropathy, Raynaud's disease and arthritis.

The Plantar FXT has a semi-rigid strap linking the toe with the top of the ankle, which forces the foot up into a position that allows stretching of the plantar fascia, the band of tissue that stretches from the heel to the middle bones of the foot. The stretching action is said to relieve pain and help recovery from plantar fasciitis.



Price: Ankle Foot Gauntlet £19.99, Plantar FXT £22.99

Pip codes: extra small 82232 315-3020; small 83232 315-3038; medium 84232 315-3046; large 85232 315-3053; extra large 86232 315-3061; extra extra large 87232 315-3079

Sea-Band Ltd

Tel: 01455 639750

Clearasil Ultra has new additions

The Clearasil Ultra range of medicated skincare products is being extended with the addition of Ultra Deep Pore Treatment Wipes and Ultra Deep Pore Treatment Lotion.

The wipes are being positioned as a convenient alternative to regular wipes for use when spot breakouts occur.

The lotion is designed as an alternative for treating spot breakouts. Both products contain salicylic acid and hydrolysed milk protein and claim to help achieve clearer skin in just three days. There will be TV advertising and consumer sampling for the products.

Price: wipes £4.49 for 32, lotion 200ml £3.99

Pip codes: Wipes 317-7276; lotion 315-2832

Crookes Healthcare

Tel: 0115 953 9922

Scholl steps out in style

Scholl is already looking forward to next spring and summer with its new footwear collection now available to retailers.

The Urban range uses new Gelactiv technology for better comfort and stability, and contrast stitching, fabric panels, flower detail and buckles.

The Freedom Metro range includes lots of wooden soles and heels as well as cork, with animal prints, stripes and metallics. For days on the beach there's the Freedom range of slip-on styles for men and women. The Comfort collection combines stylish, elegant designs with high comfort.

Price: from £20-£50

SSL International

Tel: 0870 122 2690

Inbrief

Nelsons change

Nelsonbach is changing its name to Nelsons with immediate effect. In addition to the name change, there is also a new strapline for the business: "A world of natural medicines."

For more information:

Nelsons

Tel: 0800 289515

Probiotic multivitamin from Seven Seas

Seven Seas is launching Multibionta Activate, a probiotic multivitamin. Designed for people who lead busy, stressful lives, the formulation contains ginseng and Coenzyme Q10 for added energy. In addition it includes the probiotic bacteria *Tribion Harmonis*, to maintain a healthy digestion and give protection from unhealthy bacteria.

Peter Andrews, UK and international marketing director at Seven Seas, said: "More and more people are leading busy and stressful lives which can leave us feeling physically and mentally drained. Multibionta Activate, the only high performance probiotic multivitamin, has been specifically developed to increase energy levels and enhance immunity when people can't get all the nutrients they need."

Price: £6.99 for 30 tablets, £11.69 for 60.

Seven Seas Health Care
Tel: 01482 375234

TV support for Freestyle Mini

Abbott Diabetes Care is running a television campaign to support the launch of its Freestyle Mini blood glucose meter. The £520,000 campaign runs from October 10 for seven weeks.

"We have decided to advertise again because the previous campaign worked so well, not only increasing distribution within the pharmacy sector but also significantly increasing meter sales," said Katrina Fulham, senior business development manager for Abbott Diabetes Care.

The Freestyle Mini is the smallest meter in the world and uses a smaller blood sample than any other meter.

For more information:

Abbott Diabetes Care
Tel: 01628 678900

Golden tan all year round

Now there's no need for sun or an expensive salon treatment to get an all-over tan. Pro Sun is a new jet spray tanning system that can be carried out easily at home. Designed to suit all skin tones, it's enriched with aloe vera, vitamin A and E.

The pack includes the jet spray applicator, two refills, hair protection caps and thongs. Simply spray on the quick drying mist.

The launch is being supported with a PR campaign and price promotions.

Price: £29.99 for full package; refill packs of three £17.99

Contact Howard Cohen at The Make Up Factory. Tel: 0161 767 9181

TV trex

Bassett's Soft & Chewy Vitamins range: GMTV, Sat

Haliborange: All areas

Kool 'n' Soothe Kids: GMTV

Kool 'n' Soothe Migraine: GMTV

Lloydspharmacy free diabetes testing service: All areas except LWT, CAR, GMTV

Ribena: All areas except U, CTV, GMTV

Sensodyne toothpaste: Sat

Setlers: five, GMTV

Seven Seas Cod Liver Oil: Y, C4, five, Sat

Soothagel: GTV, five

PharmaSite for next week: Optrex – Window, **Fluconazole –** In-store, **Thermacare –** Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Testing testing ...1...2...3

Diagnostic testing in pharmacies is growing, with more and more people arguing in its favour. Jane Ellis reports

Robert Clayton: "We are determined to provide easier access to tests"

The Healthcare Commission put diabetes testing in the spotlight this week when it said that a quarter of people with diabetes have not had their condition diagnosed.

But earlier this month, a Government paper said that pharmacy can play a major part in its plans to extend patient choice in pathology services - provided that they are suitably prepared. In particular, pharmacies should have an appropriate consultation room, staff and equipment to enable them to offer diagnostic tests.

Modernising Pathology: Building a Service Responsive to Patients from the DoH will investigate the use of technology, how to bring services closer to the patient and how to improve access, convenience and choice.

This modernisation programme will look at the options for bringing testing closer to the patient so that turnaround times can be reduced, at whether pharmacy can be used for tests other than those already offered, such as diabetes and cardiovascular disease, and whether tests can be made and results given to patients at a wider variety of settings (GP practice, pharmacies, hospital wards and A&E).

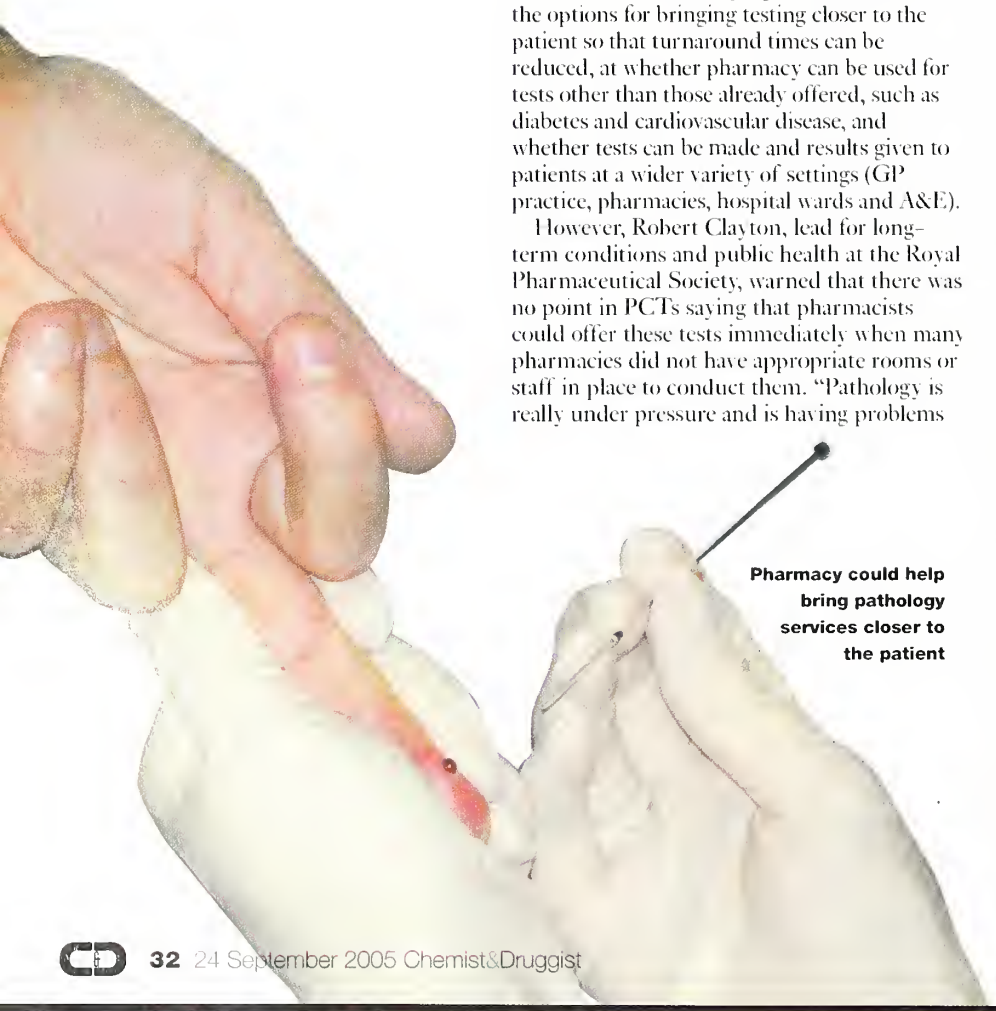
However, Robert Clayton, lead for long-term conditions and public health at the Royal Pharmaceutical Society, warned that there was no point in PCTs saying that pharmacists could offer these tests immediately when many pharmacies did not have appropriate rooms or staff in place to conduct them. "Pathology is really under pressure and is having problems keeping up with testing so pharmacy can really help, but we must get it right when we do it, and we only have six months to rise to the challenge," he said.

According to health minister Lord Warner the modernisation of pathology services is vital. "Waiting for diagnosis can be a worrying time and we are determined to provide easier access to tests and the results as quickly as possible," he said.

One of the pharmacy schemes highlighted by the DoH has involved 22 pharmacies in Manchester, which are providing clinical services and point of care diagnostic blood tests for diabetes and cardiovascular disease. This is being sponsored by the Modernising Pathology Services programme and aims to improve patient convenience by moving testing from hospital laboratories to the high street.

The document points out that PCTs are responsible for securing and funding population screening programmes, saying: "PCTs are required to collaborate for commissioning arrangements and nominate a lead person for screening programmes as appropriate ... screening programmes are excluded from practice based commissioning."

The modernisation panel, chaired by Lord Carter of Coles, will make its recommendations in spring 2006.



Pharmacy could help bring pathology services closer to the patient

A note of caution

The British Medical Association is warning patients against using unregulated or *ad hoc* screening tests, saying they may cause more harm than good and give inconsistent results.

The advice, in a BMA report, *Population Screening and Genetic Testing*, says whereas formal screening programmes such as NHS breast and cervical screening evaluate entire populations and are based on national policy with a proven evidence base, unregulated screening operates outside national guidelines and recommendations.

In particular the report criticises:

- whole body CT scanning
- exercise electrocardiogram
- mammograms in women under 50.
- prostate specific antigen (PSA) testing to screen for prostate cancer.

Continued on page 34 ▶

DIABETES INNOVATION

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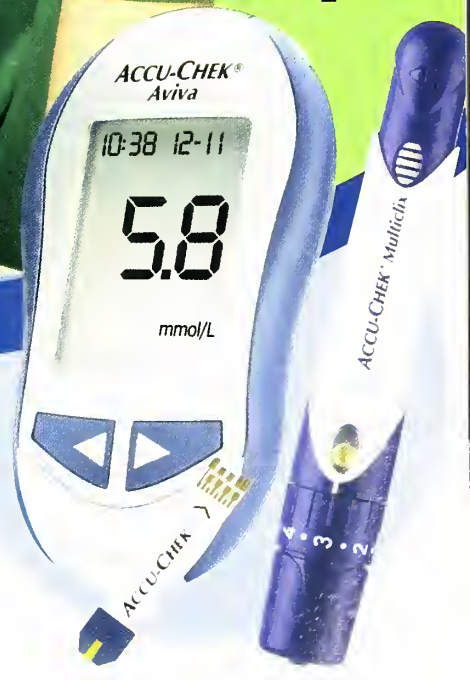

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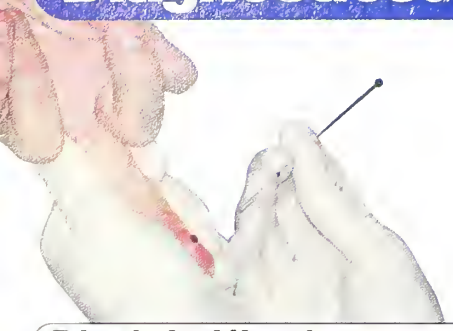


One in 10 of all sexually active young people may carry chlamydia

Friends for Life scheme

Abbott Diabetes Care is inviting customers to join its free Friends for Life customer care programme, which will provide them with help and support in managing their diabetes.

Those who join will enjoy a free customer care advice line, a lifetime guarantee and free replacement batteries for their meter. Members will also receive:

- *In Control* magazine, which gives articles and advice on effectively managing diabetes and provides access to the DiabetesNow website
- Access to free supplementary monitoring products and a variety of advice booklets
- A fun educational programme aimed at seven to 12 year olds, Brainy Bernard's Monitoring Magic Club

Abbott Diabetes Care has also announced its television campaign promoting the Free Style Mini (*see p31*)

For more information:
www.friendsforlife.org.uk Tel: 0500 467 466

Chlamydia screening

Last month, the Department of Health announced that 201 Boots The Chemists across London will be providing chlamydia screening from November 5.

The service will be free and will be targeted at men and women in the 16-24 age range and Boots anticipates carrying out 50,000 screening tests a year. Included in this number will be the partners of those who have tested positive. It is estimated that one in 10 sexually active young men and women is carrying chlamydia, one of the most common sexually transmitted diseases.

The Boots service will join the 26 regional programmes administered by the Chlamydia Screening Office, which cover a quarter of primary care trusts in England. Boots won the tender "following a very rigorous bidding process".

While the National Pharmacy Association is pleased that the Government has recognised the contribution that community pharmacy can make to increasing access to chlamydia screening and treatment, it commented: "To make this service as accessible as possible to the public, we would expect a national roll out to be open to all our members.

"The NPA has already provided the DoH with a mechanism for ensuring this could happen, even if national procurement rather than the preferred locally commissioned enhanced service was the chosen route."

It is supportive of a pilot in Telford, which showed that men in particular tended to choose the community pharmacy for treatment of chlamydia, even when presented with a choice between this and traditional venues.

The report states that unregulated screening can put patients at risk because:

- tests are unlikely to be based on sound evidence
- quality control of the testing might be non-existent
- tests are not part of a proper screening system leading to appropriate follow-up and effective intervention
- information and support for patients after a positive result is unlikely to be in place.

The BMA has warned the public to be wary of unregulated screening and be especially cautious about testing kits that can be bought through the internet and mail order.

Dr Vivienne Nathanson, the BMA's head of science and ethics, said: "We are not criticising all screening tests but those that are carried out inappropriately without sufficient patient counselling to describe the limitations of the test and the dangers of false positive results. The message that we want to put across is that properly organised, structured testing and screening has value."

Support for diabetes care

Shortly before the Healthcare Commission made its announcement, Roche Diagnostics launched its Accu-Chek 'circle of care' concept at the 41st European Association for the Study of Diabetes conference in Athens.

The circle of care is designed to help diabetes patients improve the way they manage their condition as well as their quality of life. It is based on three core areas: collect, analyse and act, which relate to the Accu-Chek product areas of patient needs, says the company. These are blood glucose meters, data management tools and insulin delivery systems.

Roche Diagnostics has launched five products which demonstrate the 'circle of care' concept, with Accu-Chek Aviva and Accu-Chek Compact Plus blood glucose meters, the Accu-Chek Multiclix, the Accu-Chek Spirit insulin pump and the Accu-Chek Pocket Compass 3.0 data management and bolus recommendation software. This last piece of gadgetry interfaces with an infrared link between either blood glucose meter as well as the insulin pump to integrate blood glucose measurement, insulin delivery and data management tools.

"Completing the Accu-Chek circle of care means successfully integrating an extensive range of products and services on our innovations pathway," commented Burkhard Piper, head of business unit diabetes care at Roche Diagnostics. "Our approach reflects an ongoing commitment to address comprehensive diabetes management for people living with this condition throughout the world."

Text messaging

Another company using telecommunications to enhance self-care is Microlife which has launched a texting service where patients text blood pressure readings to their doctor. Patients are given a PIN when they register. This can be shared with the health professional, such as the GP, who can access the readings taken at home.

"Self monitoring has several advantages over clinical measurements: by allowing multiple readings averaged over time and taken in people's usual environment, a more reproducible blood pressure value is produced that is devoid of the 'white coat effect'," said the company.

Microlife is also promoting the role of one of its blood pressure meters in pregnancy, following publication of a study in the *British Journal of Obstetrics and Gynaecology*. This looked at the suitability of using the Microlife 3BTO-A2 so that pregnant women could monitor their blood pressure at home on the watch out for hypertension. If severe, this can lead to pre-eclampsia and maternal mortality.

Andrew Shennan, professor of obstetrics and gynaecology at St Thomas' Hospital, carried out the study. He commented: "Raised blood pressure is key to detecting pre-eclampsia, potentially a very serious condition in pregnancy. I often use home monitors in women at risk who are referred to me, to improve the frequency of surveillance, while allowing women to remain at home. Most women welcome this, they feel in control."

Microlife says inaccurate blood pressure measurement from automated devices can lead to false readings which can be clinically significant. The study tested the reliability of the Microlife 3BTO-A3 during pregnancy and in the presence of pre-eclampsia, "making it the first such home-use monitor that is clinically validated for such use and especially suitable for pregnant women".

LifeScan education

LifeScan UK, part of Johnson & Johnson, has announced a three-year investment programme in Warwick Diabetes Care, part of Warwick Medical School.

During the past three years, J&J has worked with the WDC to deliver a diabetes educational programme for heath professionals. Over 5,000 doctors, nurses and other community-based health professionals in a third of PCTs have taken the certificate in diabetes care since it was launched.

Tim Schmid, general manager for LifeScan UK, commented: "The need for diabetes education for healthcare professionals in primary care is paramount as care shifts from secondary to primary care in the UK."

Control of entry and LPS

David Reissner and Juliette Smith look at how the control of entry regulations relate to local pharmaceutical services contracts, and how enhanced services have a role for the viability of LPS

As a result of the *Health and Social Care Act 2001*, the Government initiated the *NHS Plan* which identified a need to improve the effectiveness, efficiency and responsiveness of pharmacy and other health services.

In formulating the *NHS Plan*, the DoH considered that the national pharmaceutical services contract (the "National Contract") was not working as well as it should. The NHS developed the idea of local pharmaceutical services being offered as an alternative way of providing pharmaceutical services.

Freed from the constraints of the National Contract, the DoH hoped LPS contracts would be able to provide PCTs with the means to provide services at local level, giving patients improved access and better quality of care by developing innovative ways of contracting for core pharmacy services and meeting the needs of patients in a local area.

Unlike the National Contract set out in terms of service in a schedule to the NHS Regulations, individual pharmacy owners would be free to negotiate their own written contract with a PCT. However, all LPS schemes would require DoH approval. Contracts have to include certain conditions. For example, there must be a clause enabling disputes to be resolved without the need for court proceedings, and all LPS contracts must be reviewed at least every three years.

The first wave of LPS pilot schemes was approved in early 2003. A second wave followed at the start of 2004, with the third announced in August 2004.

All LPS contracts must include core elements, requiring service providers to:

- provide dispensing services
- be innovative and/or use novel approaches to services
- provide services for local patients' needs
- help PCTs to achieve health improvement and modernisation plan targets; and
- involve pharmacist supervision to satisfy the *Medicines Act 1968*.

Other than these core elements the LPS provider can offer additional services. The first wave of pilot schemes included:

- adult education services
- assessment for the supply of compliance aids
- domiciliary oxygen
- emergency hormonal contraception
- head lice management
- mental health projects
- smoking cessation
- supervised methadone services.

LPS schemes have an impact on control of entry applications. It is not necessary for someone who wants to provide local pharmaceutical services to satisfy a "necessary or desirable" test. If someone is providing services under an LPS scheme, PCTs can give a measure of protection through powers to designate an area as a neighbourhood; and PCTs must take LPS schemes into account when assessing adequacy in the case of an application for a new pharmacy according to the criteria of necessity and desirability.

Control of entry arrangements also deal with existing pharmacy owners who entered into an LPS contract with a PCT: they would be removed from the pharmaceutical list; if the LPS scheme comes to an end, there are arrangements for returning to the PCT's list.

The *NHS (Pharmaceutical Services) Regulations 2005* do not have a direct effect on LPS contracts, but there are indirect consequences because of the services that pharmacists will be able to provide under the new contract.

Pharmacy providers can give a tiered level of service, some of which will overlap with the types of services which can be offered under LPS contracts. In particular, enhanced services are an "add on" and it will be up to the PCT whether they want to commission these services or not.

Under the new regulations, providers of LPS services have additional protection: the new regulations removed the need to satisfy a "necessary or desirable" test for certain applicants wishing to open a pharmacy at large retail sites; one-stop primary care centres, for 100 hours a week; or providing exclusively internet or mail order services.

However, these exemptions do apply if there is already an LPS scheme in the neighbourhood. Since PCTs can designate neighbourhoods, the protection for LPS schemes can be substantial. However, this may be eroded since LPS providers are likely to find that with more providers of enhanced services the business of the LPS service provider will suffer.

Ultimately, LPS schemes may wither on the vine without enhanced services.

David Reissner is a partner and head of the pharmacy group, and Juliette Smith is a solicitor at Charles Russell LLP, Solicitors.
www.charlesrussell.co.uk

Child minding

This month sees the launch of the *British National Formulary for Children*. Virginia Watson looks at the research, as well as the regulatory activity, that has been undertaken, which will encourage safer and more rational prescribing of medicines for children

The introduction of the *BNF for Children* is to be welcomed and will do much to ensure wider dissemination of information on the use of medicines in children. In particular it will reach healthcare professionals who do not routinely have access to the RCPCH publication, *Medicines for Children*. But this is only one of a number of global initiatives to provide effective and safer medicines for children.

Much of the medication given to children is either off-label or unlicensed (*see Box 1 for how these differ*), clinical trials having been conducted only in adult populations. It has been estimated that within Europe at least 50 per cent of medicines have never been studied in children, although some estimates put this as high as 90 per cent. The off-label and unlicensed use is also related to age (and the difficulty of conducting trials in that age group) in that as many as 75 per cent of medicines used in neonatal intensive care fall within this category.

There are 100 million children in the EU, comprising 20 per cent of the population, and it may be considered unjust that this sector of society, albeit a minority, is not allowed the same access to licensed medication as adults. Thus, it is the goal of regulatory bodies, such as the Food and Drug Administration (FDA), the European Medicines Agency (EMEA) and the Medicines and Healthcare products Regulatory Agency (MHRA), the pharmaceutical industry and various healthcare organisations to improve the situation. It is also one of the objectives of the 10 year programme covered by the *Children's National Service Framework*.

Paediatrics

- Although the term paediatrics implies babies and young children, the initiatives to improve the use of medicines also includes adolescents. Their needs may be different to those of young children but there are many issues specific to this age group

Box 1

Off-label – an approved medicine which is not licensed for use in that age group or for that indication

Unlicensed – a drug/formulation that has not been licensed

Box 2

US legislation

1997	Food and Drug Administration Modernization Act
1998	Pediatric Rule1998 Pediatric Rule
2002	Best Pharmaceuticals for Children Act
2003	Pediatric Research Equity Act

Children are not mini-adults: drug absorption, metabolism and excretion differ depending on the stage of growth and development. They may have different diseases and tablets and capsules are not always the most appropriate formulations. Therefore, extrapolation from adult data, or from data in children of a different age group, is not always possible.

The lack of information has been associated with an increased risk of adverse drug reactions and dose levels that may be clinically ineffective. Errors in dose calculations and drug administration are potentially more harmful than in adults. That so few medicines are licensed for use in children also means that children are not always getting the most therapeutically beneficial treatment.

Action to improve the evaluation and authorisation of medicines for children started in the USA in 1997 (*Box 2*). As a result of legislation and incentives to

CPD

This article can help in the following CPD competencies: **G1d, G1h, G1n, C1b, C3c**
A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

In some member states, there is no age limit for paracetamol

Box 3

Examples of drugs for which paediatric studies are needed (FDA)

ampicillin	ivermectin
azithromycin	ketamine
bumetanide	linezolid
dactinomycin	lithium
dobutamine	lorazepam
ethambutol	meropenem
furosemide	methadone
griseofulvin	metolazone
metoclopramide	morphine
heparin	nitroprusside
hydrochlorothiazide	promethazine
hydrocortisone	rifampicin
hydroxychloroquine	spironolactone
isoflurane	vincristine

encourage development of paediatric medicines there has been much progress. Since 2001, the CDER division of the FDA has identified over 500 drugs or biologicals for which additional information may improve treatment in children. Summaries of clinical pharmacology and medical reviews for over 50 medicines are available on its website and changes in the US equivalent of our Summary of Product Characteristics (SPC) have been made for 90 products.

There are over 43,000 paediatric patients participating in clinical trials and the FDA has made available a list of diseases which are under investigation and a list of drugs for which paediatric studies are needed (*Box 3*).

The situation in Europe is not as advanced. Although discussions on paediatric medicines started in 1997 there is currently no specific legislation in place. Following a consultation paper, *Better Medicines for Children*, in 2002, and two other documents (a *Commission's Better Regulation Action Plan* and *Extended Impact Assessment*), a *First Proposal for Regulation on Medicinal Products for Paediatric Use* has been presented to the Council of Health Ministers at the European Parliament. It is anticipated to become law towards the end of next year. The *EU Clinical Trials Directive (2001/20/EC)*, implemented last year, addresses some of the ethical concerns of conducting clinical trials in children.

Part of the European initiative has been the formation of an expert committee, the Paediatric Expert Group. Its function encompasses advising various committees within the EMEA on the development and use of medicines in children including those already registered in one or more member state and those no longer afforded patent protection, identifying unmet clinical needs and assisting in the production of guidelines for pharmaceutical companies on pharmacokinetic studies, the impact of renal immaturity, paediatric formulation considerations and pharmacovigilance.

General objectives of the European legislation

- To increase the development of medicines for use in children
- Ensure that medicines used to treat children are subject to high quality research
- Ensure that medicines used to treat children are appropriately authorised for use in children
- Improve the information available on the use of medicines in children
- Achieve these objectives while avoiding unnecessary studies in children

From Extended Impact Assessment. Draft European Parliament and Council Regulation (EC) on medicinal products for paediatric use

Marker of good practice

- The use of medicines in children is based on the best available evidence of clinical and cost-effectiveness and safety, ideally derived from clinical trials, but also including, where appropriate, medicines that are not licensed for their age group or for their particular health problem ('off-label'), or those that do not have a licence at all ('unlicensed') in order to achieve the best possible health outcomes and minimise harm and side effects.

Medicines for Children and Young People, NSF for Children, Young People and Maternity Services

The committee is also preparing assessment lists to be made available as consultation documents. For example, in June 2005 a document was released for consultation on paediatric needs in the field of pain. Covering 15 analgesics, it makes reference to the fact that in some member states there is no age limit for paracetamol, but there is a need for efficacy and safety data in pre-term babies; that for diclofenac, authorised for children over one year, there is a need for efficacy and safety data in children from six months of age and that age-appropriate formulations are needed. Topical anaesthetics and the lack of any authorised treatment of neuropathic pain are listed as unmet needs.

The UK will be covered by European legislation, but in the interim the MHRA is also endeavouring to increase the information available, to encourage companies to submit information from new paediatric data already submitted to the FDA and to invite those companies that have paediatric medicines available in other European member states to consider applying for marketing authorisation in the UK. The MHRA wants to encourage

Continued on page 38 ▶

"It is important to recognise that young children may not be aware of side effects or be able to communicate this"

EMEA guidelines under development

- Discussion paper on the impact of renal immaturity when investigating a medicinal product intended for paediatric use. CPMP/PEG/35132/03
- Draft guideline on the role of pharmacokinetics in the development of medicinal products in the paediatric population. EMEA/CPMP/ EWP/147013/2004
- Reflection paper: Formulations of choice for the paediatric population. EMEA/CHMP/PEG/194810/2005
- Draft guideline on conduct of pharmacovigilance for medicines used by the paediatric population EMEA/CHMP/235910/2005

the development of paediatric formulations for off-patent drugs and to look at imposing quality standards for extemporaneously prepared formulations.

The MHRA has a number of assessment reports on its website (*Box 4*), which provide an update on use in the paediatric population. For example, cetirizine is currently licensed for children over six years, but data submitted to the FDA has resulted in cetirizine being approved for perennial and allergic rhinitis and chronic urticaria from the age of six months.

Differences between the formulation available in the USA and the oral solution available in this country mean that the recommended age cannot be reduced to six months, but the recommended age has been changed from six years to two years.

Box 4

MHRA Assessment Reports

atorvastatin	fosinopril
amlodipine	isotretinoin
bisoprolol fumarate	losartan
buspirone	sumatriptan
calcitriol	tamoxifen
cetirizine	quinapril
dorzolamide	vinorelbine
fluconazole	

So with all these initiatives and incentives for collecting additional information through clinical trials, one should also consider the practicalities of conducting trials in children. For the purposes of clinical trials, children are classified into the age categories shown in *Box 5*, although it could be argued that the pre-term babies should be further divided into those below 33 weeks gestation and those above and that for pharmacokinetic studies an age band of two to 11 years is too wide and should be divided into two to four years and five to 11.

Children have a different understanding of illness and hospitals to adults and it is important that healthcare personnel involved in paediatric studies have appropriate experience and understand the needs of the child. A clinical trial should be designed specifically for the identified age range, invasive procedures should be kept to a minimum and a different means of measuring efficacy endpoints may be necessary (eg in children with cancer, a Lansky play-performance scale is more appropriate than the Karnofsky or WHO performance status).

Clinical trials should only be carried out in children if there is a definite therapeutic need. As many drugs do not progress beyond the early phase clinical studies it is prudent to wait until there is sufficient evidence of safety and efficacy in adults before starting paediatric trials. There is also a question of consent. All patients participating in a clinical trial need to give voluntary written informed consent. In the case of children, the parent or guardian gives consent, but if old enough a child should also give assent; if a child does not wish to participate this has to be respected.

A number of surveys in recent years have highlighted safety issues associated with medication in infants and children; there is a higher incidence of adverse reactions with unlicensed or off-label medicines and some disturbing reports on the nature of serious adverse drug reactions leading to death or prolonged hospitalisation.

Safety monitoring needs to be improved. Pharmaceutical companies are not allowed to promote unauthorised use of their products and consequently they do not have data on the extent of such usage nor, more importantly, any feedback on any safety concerns. One of the proposed initiatives is to encourage the drug companies to proactively seek this information as they are under an obligation to provide updated safety information in the SPC.

Box 5

ICH Age Classification

Pre-term newborn infants	
Newborn infants	0-27 days
Infants and toddlers	28 days – 23 months
Children	2-11 years
Adolescents	12-16 or18 years, depending on country

It is also important to recognise that young children may not be aware of side effects or be able to communicate this, that susceptibility to adverse reactions may be related to age and stage of development and that attention should be paid to this aspect of monitoring pre-term and young babies in intensive care.

Compliance and communication of information are also areas that need to be improved. The patient information leaflet (PIL) covers the licensed use of the drug. Therefore, if it is not recommended for use in children or is being used for a different indication, no information is available to the patient and, indeed, may even cause concern if it implies that the treatment being given is incorrect. For some time general explanatory leaflets for parents and children, jointly produced by the Neonatal and Paediatric Pharmacists Group Standing Committee and the Royal College of Paediatrics and Health, have been available. However, as more information on use in the paediatric population becomes available this will be incorporated into the SPC and PIL.

Nevertheless, there is also a need for clearer and more readable patient information written specifically for the child, a recommendation supported by a number of organisations and included in the NSF.

Significant progress in this whole field will be made over the next decade, but in the meantime, the new *BNF for Children*, which will be updated annually, will provide a useful source of information based on available information and evidence of best practice.

Useful References:
http://www.fda.gov
http://www.mhra.gov.uk
http://www.emea.eu.int

National Service Framework for Children, Young People and Maternity Services. Standard 10: Medicines for children and young people.

Virginia Watson is a pharmacist and works as the director of clinical writing, Europe, at Cardinal Health.

Jörn Runge reports on Spanish price cuts, Czech reimbursement waits, Swiss generics use, and a German drive-thru

Eurofile update

Czech Republic

Czechs and balances

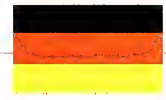
More and more independent pharmacists in the Czech Republic are being forced to join chains as their cash flow is often too low to save the business. One of the main reasons for this is the frequent late payment of refunds through nine of the Republic's health insurance organisations.

Pharmacists have raised the issue with the government. They have complained that some proprietors are having to wait up to six months until they get their money, a time gap some pharmacists cannot bridge. This can be compounded by prices changing every three months as the pharmaceutical industry and health insurance bodies negotiate them quarterly. This can mean that patients have to make an extra payment in case the negotiated price is lower than the selling price.

As 70 per cent of all medicines are imported, prices are dependent on currency exchange rates.

Pharmacy chains advertise that they will bear additional expenses. This is unfair competition, say the independents, who cannot offer the same concessions: even if the industry offers rebates, pharmacists do not benefit from them.

Germany



Drive-thru Hamburg

Pharmacist Ulf Haverland has opened the first German drive-in pharmacy in Hamburg after the Federal Administrative Court in Leipzig gave its approval. As the law has been relaxed to allow medicines to be supplied via internet and delivered by messengers, the court could not see a reason why patients and customers have to set foot in a pharmacy to get their medicines. Mr Haverland had to wait three years for the decision.

Spain

Spanish steps

Spanish pharmacists are facing a cut in income from next March when new laws are brought in to slash health system costs. One of the major changes could be the prohibition of rebates from the pharmaceutical industry.

Reimbursements from wholesalers are dependent on sales and are a normal (and legal) business method that has nothing to do with bribery, declared the Spanish pharmacy bodies. In addition, such arrangements do not result in more consumption, added the two pharmaceutical societies.

Isabel Vallejo, the president of the Spanish Pharmaceutical Business Federation (FEFE), has been critical of the way hospital pharmacies would be exempted under the new arrangement, allowing them to continue receiving reduced prices.

On top of this, pharmacies have to implement generic substitution with the cheapest product on the market. Only in emergencies or if the product is not in stock will they be able to supply another medicine. As there are more than 2,000 variants of the 10 most important medicines with generic equivalents, pharmacists will have to be even more careful when they dispense medicines.

In case of an allowed substitution, patients have to sign an agreement on the prescription. Mrs Vallejo says this is an even bigger bureaucratic burden for pharmacists. She has also criticised the way generics will be able to be sold under brand names in the near future. For products on the market for more than 10 years without competition, the government is planning a price cut of 20 per cent.

As the authorities are able to change refund prices when there is a change in the therapeutic value of a medicine, there will be no prices on packages or boxes anymore. Pharmacists and consumer organisations oppose the interference of the Spanish government in the pharmaceutical market. However, there is still no real regulation of internet trade in medicines which just adds to the dissent.

Switzerland

Swiss swap

Generics have not been a lucrative source of income so far for Swiss pharmacists. Even in 2004 when the generic market grew by about 30 per cent it's share in the market only reached 6 per cent of the whole pharmaceutical market. But this could change soon as health insurers have started an initiative to support generic substitution.

The second biggest Swiss health insurer, CSS, wrote to its chronically ill customers urging them to switch from their usual medicines to generics. To make it lucrative for patients, the health insurer is offering 40 per cent of the savings it will make between the prices of the original and the generic substitution product.

While this may suit the generics manufacturers, such as Mepha, Novartis/Sandoz and Spirig which share 89 per cent of the Swiss generics market, pharmacists are less optimistic as the health insurer is also asking its clients to order generics via internet to cut further costs.

A weak August

Peter Varley gives a round up of the latest financial and retailing data

Business surveys show that August was another month of weak retail sales, while the Bank of England's decision at its September 8 meeting against a further cut in interest rates reflects mixed signals from recent economic data.

High street sales, excluding the effect of new store openings, were 1.0 per cent lower in August than at the same time last year, according to the British Retail Consortium. Kevin Hawkins, the BRC's director-general, said: "Any growth came from heavy discounting, which is not sustainable," and added that the underlying position is unlikely to improve until additional interest rate cuts are made and work through to the consumer.

Overall sales in the chemist and beauty outlets was slow in August; cosmetics and toiletries were worse than in July; and cold wet weather hit sales of seasonal medicines, says the BRC.

In a separate poll, the CBI confirms that sales volumes fell in the year to August and sales are expected to remain weak in September. Chemists suffered another poor month with a net 30 per cent reporting lower volumes than 12 months earlier. This is the eighth successive month in which year-on-year sales have fallen. But the underlying sales decline, as measured by the three-month moving average, appears to be moderating.

Official estimates indicate that consumer spending rose by only 0.2 per cent in the second quarter and annual growth was the weakest since 1995. But wages are rising ahead of inflation and employment is some 215,000 up on a year ago, underpinning outlays and forestalling a major slump in spending.

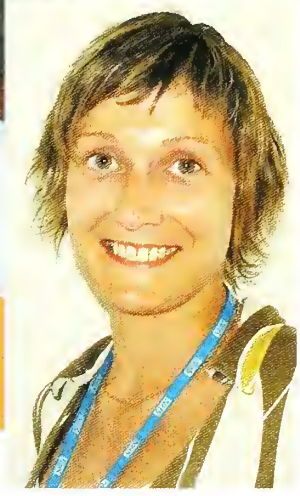
But there is no evidence that consumers are becoming more optimistic. In fact, consumer confidence slipped to a nine-month low in August as pessimism about prospects for the economy in the year ahead increased, and fewer judged it a good time to make major purchases.

The BRC's shop price index for August rose 0.19 per cent compared to July, but despite increasing on the month, prices in August were 0.48 per cent lower than a year earlier. According to the official retail price index the cost of chemists' goods was unchanged in August, but was 1.7 per cent up on a year ago, from an annual rate of 1.6 per cent in July. Overall retail price inflation eased to 2.8 per cent in August from 2.9 per cent in July.

Consumer price inflation on the Government's preferred measure is already above target and strong oil and petrol prices will undoubtedly continue to add pressure in the short term, whether or not the Chancellor conceedes a cut in fuel duties.

Never a **dull** moment

No two days are the same when you work for Brighton and Hove City Teaching PCT, as Jane Ellis discovers



John Greene and Kirstie Denley both have challenging and rewarding jobs

Brighton and Hove City Teaching PCT is responsible for the health and wellbeing of everyone in the Brighton and Hove area. This involves planning, paying for and monitoring health services.

The commissioning-only PCT works closely with local GPs, pharmacists, dentists, voluntary organisations, Brighton and Hove City Council and local health providers. It has a budget of £260 million.

Kirstie Denley, senior pharmaceutical adviser, has been with the PCT for six months, joining from Bexhill and Rother PCT.

"This job gives me the opportunity to work in a multi-disciplined environment," she says. "It is challenging and rewarding. I'm working with GPs and learning about the strategic part of the business. I'm using my clinical skills in a way that will affect a wider number of people than in my previous job. It is evidence-based medicine. I'm also seconded to the NPC, looking at training for nurses and GPs. No two days are ever the same."

She says the PCT currently employs nine pharmacists fulfilling a variety of roles.

The head of medicines management oversees all of the work strands that form the medicines management strategy at the PCT. Within this team there are three main groups of pharmacists who are responsible for different aspects of medicines management, such as:

- GP prescribing (a senior pharmaceutical adviser works with three other advisers and a prescribing support technician to promote cost-effective prescribing within primary care through a range of activities)
- Community pharmacy (a community pharmacy services development manager and a community pharmacy clinical governance facilitator)
- Older people's pharmacist
- Professional Executive Committee pharmacists
- NICE implementation pharmacist.

"Flexible working schemes are the norm at this PCT, which supports the Improving Working Lives agenda," explains Ms Denley.

She says the pharmacists at Brighton and Hove City PCT are highly motivated and self-directed in their learning and committed to continuing professional development. They work independently as well as in a team, and have good communication, influencing and negotiating skills.

John Greene, for example, leads a number of projects that are generally aimed at helping patients get the best out of their medicines, but his core role is older people's pharmacist.

> **"After the assessment, the patients will be put on one of three levels of support"**

"The scheme I manage is mainly for patients who are getting older and in cognitive decline who are confused about their medication because they are taking so many different tablets," he explains.

A large part of Mr Greene's work with older patients is acting as project manager for the Take as Directed programme. In this, four local pharmacies have been commissioned to visit 600 patients in Brighton and Hove and carry out a medicines use review in their homes. The patients will have had a referral from their GP or formal carer if they are taking four or more medicines.

"After the assessment, the patients will be put on one of three levels of support," says Mr Greene. "Level one means issuing the patient with a Your Medicines card, which describes what the drugs are, the dose, strength, when to take them, what they do and, importantly, what happens if the patient doesn't take them. Level two adds a medicines administration record for the patient's carer to complete. Level three also includes a blister pack monitored dosage system."

Once the initial assessment has been done and the level of support ascertained, the carer will see the patient again after three months, and every six months thereafter. "We're not obsessed with collecting data; it's a service," says Mr Greene. "But it has been an eye opener."

Mr Greene has followed a varied and demanding career path. He registered in 1993 after doing his pre-reg qualification in a hospital. He then joined City Hospital, Birmingham and later moved to the pharmacy at the John Radcliffe Hospital in Oxford. After this he spent some time in the retailing sector at Lloydspharmacy as a branch manager, rising to district manager, later leaving to become a locum pharmacist.

Mr Greene now has three jobs. He spends half a day each week teaching pharmacy undergraduates at the University of Brighton. He also goes to the Health Protection Agency one day a week where he is investigating communicable diseases and the flu pandemic. His third role is working at the PCT on the Take as Directed programme already described, as well as with Brighton and Hove City Council to see what training he can offer home care workers, who perform some domestic tasks for older patients and are able to administer medication. He has produced medicine administration charts for the home carers to complete.

"My work is very varied and stretches m[illegible] says Mr Greene. "I have an interesting an[d] educating role. I've carved out my career [illegible] myself pretty much."

For more information: www.brightonhovecitypct.nhs.uk

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Pharmacists are advised to e-mail their questions to – *pharmlaw@cmpinformation.com* – along with their full name and the name of their pharmacy. The latter two details are for *C&D*'s records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

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Shopfitting

Tax Consultants & Accountants

Tax Consultants & Accountants

Back ISSUES

Dr Kenneth Kaunda is greeted by Rohit Shah

Surprise, surprise

It is not very often that a former African president visits your pharmacy at half an hour's notice but that is what happened recently at Lister Chemists in Nuneaton.

Lister, which is managed by pharmacist Rohit Shah, has been donating antibiotics and painkillers to Zambia for the past 18 months as part of a charity initiative organised by BVM Medicals of Hinckley. In total, the pharmacy has donated around £2,500 worth, Mr Shah says.

So when Dr Kenneth Kaunda, founding president of the independent state of Zambia between 1964 and 1991, was visiting the UK, Jay Tailor of BVM Medicals made sure Mr Shah's pharmacy was on his list of places to visit.

After a quick briefing, staff were brought up to speed on Dr Kaunda's CV and were, according to Mr Shah, "chuffed to bits to have such an eminent politician come to visit".

For his part, Dr Kaunda seemed delighted to meet the pharmacy staff and was canny enough to take the opportunity to try and find out how other pharmacists could get involved in donating drugs to his country, Mr Shah said: "For an 81-year-old man he was surprisingly fit and full of beans."

Appointment

Nuttan Tanna has been named chief officer of Hertfordshire Local Pharmaceutical Committee. In her new position, Dr Tanna will work on developing community pharmacy services and strengthening links with local primary care organisations. In addition, she will retain her existing non-LPC roles, including specialist osteoporosis pharmacist at North West London Hospital NHS Trust.

Alliance Pharmacy has appointed **Mark Muller** as financial controller, with responsibility for implementing new central systems, improving efficiency, improving financial and operational reporting and integrating pharmacy acquisitions into the company. Mr Muller has joined from retailer Courts where he was UK finance director.

John Clarke will succeed Jack Ziegler as GlaxoSmithKline Consumer Healthcare president when Mr Ziegler retires next January. Mr Clarke joined Beecham in 1976 and progressed through a number of marketing and general management roles until he settled into the position as head of GSK Consumer Healthcare marketing.

Intercytex, the cell therapy company developing products for advanced woundcare and aesthetic medicine markets, has announced the appointment of **John St Clair Roberts** as medical affairs vice-president. Dr St Clair Roberts has 20 years' experience in the clinical development of vaccines and biological products, and has held the position of medical director of a number of companies, including Merieux UK.

Howzat! Ashes hero is a friend of pharmacy

Ashes fever may have gripped the nation over the last couple of months (and why not? England's success in the cricket has certainly been the subject of much elation in the *C&D* office), but a pharmacy in Wales has had particular cause for celebration.

The link – as unexpected as it may sound – lies in England wicketkeeper Geraint Jones. Yes, the safe, though presumably ungloved, hands of Go Jones (as he is affectionately known by cricket afficiados) used to be found behind the counter of Shackleton Pharmacy in Abergavenny. In fact, Jones completed the first year of a dispensing technician course under the watchful eye of pharmacy proprietor Ian Shackleton, says a report in the newspaper *Wales on Sunday*.

Jones started work at the pharmacy when he began playing for Abergavenny Cricket Club in 1999 and club president Brian Shackleton put his name forward for a job in his son's shop. In the paper, the younger Shackleton says Jones "still keeps in touch by e-mail" and describes him as "a really genuine and lovely lad". We couldn't possibly comment on whether this may or may not have something to do with his former staff member securing him tickets for the final Test at Lords...

Dodds' tastes success in prize draw

Ruth Dodds has made a sparkling start to her career in pharmacy as she is the winner of the latest Cambridge Counterpart draw.

Ms Dodds, the counter assistant at Chambers Chemist in Newcastle-upon-Tyne, is currently a pharmacy student at Sunderland University and has worked in the pharmacy over the summer.

As well as her studies and work, Ruth also finds time to enjoy travelling and has just returned from a trip to Ireland.

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